



**EMBASSY OF THE REPUBLIC OF UGANDA
COPENHAGEN**

CONSULAR DEPARTMENT: REGISTRATION FORM

1. Surname

2. Other Name(s):.....

3. Passport No:

4. Place & Date of Birth:

5. Date and place of issue.....

6. Date of arrival in Denmark/Norway/Sweden/Finland/ and Iceland:.....

7. Address

8. Previous Address:

9. Purpose of stay Denmark/Norway/Sweden/Finland/ and Iceland:

.....

10. Expected period of stay:.....

11. Contact or next of kin in Uganda:

Name

Address in Uganda:.....

Address outside Uganda:

State whether accompanied by wife/husband/or children:

.....

12. Any other information:.....

.....

Date: *Signature*

Please return this form when completed to the Embassy.