



EMBASSY OF THE REPUBLIC OF SOUTH SUDAN

Rome - ITALY

Visa Application Form: Form 5A



Warning: Giving false information is considered a crime in accordance with the Passport and Immigration Act 2011 of the Republic of South Sudan. Visa fees are non - refundable. Visa is not transferable and any attempt to do so is considered a crime.

1. Personal Details (As in Passport)

Surname:

.....

Given Names:

.....

Date of Birth (Day/Month/Year).....

Place of Birth .....

Sex Male  Female

Marital Status Single  Married  Divorced

Nationality/Citizenship:

..... (If Dual, give both)

2. PASSPORT DETAILS

Passport Type

Regular  Special  Diplomatic  Business  other

Specify .....

Passport No.: ..... Date of Issue (Day/Month/Year .....

Place of Issue : ..... Date of Expiry (Day/Month/Year.....

**3. HAVE YOU PREVIOUSLY APPLIED FOR SOUTH SUDAN VISA**

Yes  No

If Yes, provide visa number : .....Date of Issue...../...../.....

Place of Issue: .....

Date of arrival in South Sudan: ...../...../.....

Point of Entry: .....Point of Exit .....

**4. TYPE OF VISA:**

Single  Multiple  Other  Specify

.....

**5. PURPOSE OF VISIT :**

Education  Tourism  Official  Other  Specify

.....

Duration of stay : ...../...../.....

Date of arrival in South Sudan ...../...../.....

Mode of transport Air  Road  Rail  River

**6. PROFESSIONAL /OCCUPATION DETAILS**

Occupation ..... Title .....

Name of Employer .....

Address of Employer

.....

.....

Phone No. .... E mail .....

**7. APPLICANTS CONTACT DETAILS**

Present address

.....

.....

Permanent address in country of origin.

.....

.....

Phone No. .... Mobile No. .... E mail address .....

**8. FAMILY DETAILS 1. Details of Spouse**

Surname ..... Given names .....

Permanent Address

.....  
.....

Phone No. .... Mobile No. ....

E mail .....

**NEXT OF KIN DETAILS**

Surname..... Given names .....

Permanent Address

.....  
.....

Phone No. .... Mobile No. .... E mail .....

**9. HAVE YOU EVER.**

- a) Been convicted of a crime or any offence in any country? Yes  No
- b) Been deported or removed from South Sudan or any other country for overstaying your visa or violating any law or regulation? Yes  No
- c) Been convicted and sentence for drug offence in any country in violation of law concerning narcotics, marijuana, opium, stimulant or psychotropic substance?  
Yes  No
- d) Committed trafficking in persons or incited and aided another to commit such an offence?  
Yes  No
- e) Are you suffering from tuberculosis, any other infectious or contagious disease?  
Yes  No

If yes to any of the questions above, please provide explanation below

.....  
.....

**10. ADDRESS OF PLACE OF STAY**

Hotel Name ..... Other  Specify

.....

**11. CONTACT IN SOUTH SUDAN**

Name .....Telephone No.....

Address.....

.....

Relationship to the Applicant  
.....

Profession/occupation.....

**12. DECLARATION**

I, .....declare that the information provided by me  
in this form is true and accurate.

Signature of the applicant ..... Date .....

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**FOR OFFICIAL USE**

Approving Authority

Name of Officer ..... Title .....

Type of visa    Single             Multiple             Period of stay

Signature of Officer ..... Date .....

Comments .....

**FEES**    Amount in EURO

Date of Receipt ...../...../.....            Receipt No. ....

Designated Officer's Name ..... Title.....

Visa Number ..... Signature and stamp .....