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EMBASSY OF THE REPUBLIC OF UGANDA  
Av. Likasi I, No 24  
Q/Royal, Commune de la Gombe  
KINSHASA, DRC

In any correspondence on  
this subject please quote No: **KIN/CONS.06**

Passport  
Size Photo

**CONSULAR DEPARTMENT : REGISTRATION FORM**

1. **Surname:**.....
2. **Other Names :**.....
3. **Maiden Name if married :**.....
4. **Passport No :**.....  
Date and place of Issue :.....
5. **Date and Place of Birth :**.....
6. **Date of arrival in DRC :**.....
7. **Address and Telephone number in DRC :**.....
8. **Previous address (Before coming to DRC) :**.....
9. **Purpose of stay in DRC :**.....
10. **Expected period of stay in DRC :**.....
11. **Contact of next of Kin in Uganda**  
Name :.....  
Address in Uganda :.....  
Address outside Uganda :.....
12. **State whether accompanied by Wife/Husband/ or Children :**  
.....
13. **Any other Relevant Information :**.....
14. **Signature :**.....
15. **Date :**.....

**Embassy Stamp :** .....

**Name and signature of Responsible officer :**  
.....

*Please attach a copy of your National ID/Passport/Birth Certificate and to Complete your registration.*