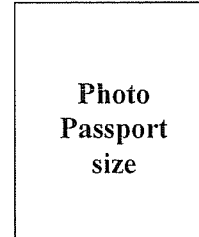




EMBASSY OF THE REPUBLIC OF SOUTH SUDAN  
Rome - Italy

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 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: ..... Country of Birth:

.....  
**Sex:** Male:  Female:

Marital Status: Single:  Married:  Divorced:   
 Widowed:

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:  
.....  
Employer  
Name.....  
.....  
Employer  
Address:.....  
.....  
Phone No: ..... E-mail:  
.....

**7. APPLICANT'S CONTACT DETAILS:**

Present  
address:.....  
.....  
.....  
Permanent address from country of origin:  
.....  
.....  
Phone No: ..... Mobile No: ..... E-mail address:  
.....

**8. FAMILY DETAILS:**

**I. SPOUSE DETAILS**

Surname:

.....  
.....

Given names:

.....  
.....

Permanent address:

.....  
.....  
.....

Phone No: ..... Mobile No: ..... E-mail address:

.....

**II. NEXT OF KIN DETAILS**

Surname:

.....  
.....

Given names:

.....  
.....

Permanent address:

.....  
.....  
.....

Phone No: ..... Mobile No: ..... E-mail address:

.....

**9. HAVE YOU EVER:**

- a) Been convicted of a crime or offence in any country? Yes:  No:
- b) Been deported or removed from South Sudan or any country for overstaying your visa or violating any law or regulation? Yes:  No:
- c) Been convicted and sentenced for a drug offence in any country in violation of law concerning narcotics, marijuana, opium, stimulants or psychotropic substances? Yes:  No:
- d) Committed trafficking in persons or incited or 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, 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 in this form is true and accurate.

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

...../...../.....

**FOR OFFICIAL USE**

**APPROVING AUTHORITY:**

Officer name: ..... Title:

.....

Type of visa: Single: Multiple Period of stay:

.....

Officer's Signature: ..... Date:

...../...../.....

Comments:

.....

.....

.....

.....

**FEES**

Amount in Euro: €

.....

..

Date of receipt: ...../...../.....  
.....

Receipt No:

Designated Officer's name: ..... Title:  
.....

Visa Number:  
.....  
.....

Signature and stamp:  
.....