

Embassy of the Republic of South Sudan Berlin-Germany

Visa Application Form: Form 5A
Photo Passport seize
Warning: giving false information is considered a crime in accordance with the Passport and Immigration A 2011 of the Republic of South Sudan. Visa fees are non-refundable. Visa is not transferable and attempt to do so considered a crime.
Place of Application
1. Personal Details (As in Passport) Surname: Given Names: Date of Birth (Day/Month/Year): Place of Birth: Sex: Male: Female: Marrital Status: Single: Married: Divorced: Widowed: Nationality / Citizenship: Cuntry of Birth: Marrital Status: Single: Married: Divorced: Widowed: (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). Date
3. Have you previously applied for South Sudan visa? Yes \(\subseteq \text{No} \subseteq If yes, provide visa number/:
4. Type of visa: Single □ Multiple □ Other □ Specify
5. Purpose of visit: Education Tourism Official Other Specify
Duration of stay:/20 Date of arrival in South Sudan:/20 Mode of transport: Air \square Road \square Rail \square River \square

6. Professional / Occupation Details:
Occupation: Title:
Employer Name
Employer Address:
Phone No:
E-mail:
7. Applicant's Contact Details:
Present address:
Demonstrated disease from a country of origin.
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: \square No: \square
b) Been deported or removed from South Sudan or any country for overstaying your visa or violating
any law or regulation? Yes: \square No: \square
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: \(\sum \) No: \(\sum \)
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: \square No: \square
If yes to any of the questions above, provide explanation below:
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: , declare that the information provided in this form is true and accurate.
Signature of the applicant: Date:/20
FOR OFFICIAL USE Approving Authority:
Officer name: Title:
Гуре of visa: Single: Multiple Period of stay:
Officer's Signature: Date (Day/Month/Year)://20 Comments:
Fees
Amount in Euro: €
Date of receipt://20 Receipt No:
Designated Officer's name: Title: Title:
Visa Number:
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