

ALLIED ORDER FORM

DATE NEEDED:

ORDERED BY:

Name:
Address:
City, State:
Zip/Postal Code:
Phone:
E-mail:
Company:

Send to:



Allied Passport & Visa
1 Saint Matthews Court NW
Washington, DC 20036
TEL: 877-393-3745 FAX: 202-747-6553
orders@alliedpassport.com

REFERRED BY:

VISA&PASSPORT

First Visa:

Second Visa:

Passport Service:

Return shipping:

DELIVER TO:

SAME AS ABOVE

Name:
Address:
City, State:
Zip/Postal Code:
Phone:
E-mail:
Company:

PAYMENT:

Invoice
(Accounts Only)
Check
American Express
Mastercard
Visa
Discover

Reference/Project number if used

CREDIT CARD:

Card number
Expiration Date
Cardholder name





Republic of South Sudan
Ministry of Interior
Directorate of Nationality, Passports and Immigration



Visa Application Form
Form 5A
(FILL OUT IN CAPITAL LETTERS ONLY)

Warning: giving false information is considered a crime in accordance with the Passport and Immigration Act, 2011. Visa fees are non-refundable. Visa is not transferable and attempt to do so is considered a crime.

Place of Application Date:/...../20.....

Have you Previously Applied for South Sudan Visa. Yes No

If yes, Previous visa No: Date of Issue.....Place of Issue.....Date of Arrival in south Sudan.....Point of Entry.....point of Exit.....

1. **Visa Type Requested:** Single: Multiple: Transit: Other: (Specify).....

Purpose of visit: Visit Education Tourism Medical treatment Official Other (Specify).....

Duration of Intended Stay.....Date of Intended Arrival in South Sudan.....

Mode of Transport: Air Road/Trail River

2. 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)

3. Passport Details:

4. Passport Type: Regular Diplomatic Special Business Other (specify)

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

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

.....

5. Professional / Occupation Details:

Present Occupation: Title:

Employer Name:

Employer Address:

.....

..... Phone No:

E-mail:

6. Applicant's Contact Details:

Present Address:

.....

.....

.....

Permanent Country of Origin Address:

.....

.....

Phone No: Mobile No:

E-mail Address:

7. Family Details:

Spouse Details

Surname:

Given Names:

Permanent Address:

.....

.....

Phone No: Mobile No.....

E-mail Address:

Next of Kin Details

Surname:

Given Names:

Permanent Address:

.....
.....

Phone No: Mobile No.....

E-mail Address:

8. 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 you answer yes to any of the questions above, provide explanation below:

.....
.....

Address of Place of Stay / Hotel:

.....
.....

Funds Available For My Stay

9. Guarantor or references in South Sudan:

Name: Telephone No.:

Address.....

Date of Birth (Day/Month/Year) :/...../..... Sex: Male Female

Relationship to Applicant:
.....

Profession/occupation:

Nationality and Immigration Status:

10. Declaration:

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

Signature of the applicant (Sign below here) Date (Write below here)
..... :/...../.....

FOR OFFICIAL USE

Approving Authority:

Officer Name: Title:

Entry Type: Single Multiple Period of stay

Officer's Signature: Date (Day/Month/Year):
...../...../.....

Comments:
.....
.....

Fees

Amount:

Date of Receipt: Receipt No:

Designated Officer's Name: Title:

Signature and stamp

Visa Number: