



EMBASSY OF THE REPUBLIC OF UGANDA BERLIN-GERMANY

CONSULAR REGISTRATION FORM

Applicants are required to complete the form and send it to diaspora@ugandaembassyberlin.de ,with the subject:

“Consular Registration Form”.

Applicant’s details

Surname (Family name)	
First name (s) Given name (s)	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth	(DD/MM/YYYY)
Place of birth	
Passport number	
National ID number	
Purpose of stay in host country	
Address in host country	
Telephone number	

Details of next of Kin (s) who can be contacted in case of an emergency

Name	
Telephone number	
E-mail address	
Name	
Telephone number	
E-mail address	