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OUR REF.: DK/C/064.....



**EMBASSY OF THE REPUBLIC  
OF UGANDA**  
SOFIEVEJ 15  
2900 HELLERUP  
DENMARK

**CONSULAR DEPARTMENT: REGISTRATION FORM**

**1. SURNAME:** .....

**OTHER NAME(S):** .....

**MAIDEN NAME (IF MARRIED):** .....

**2. PASSPORT NO:**.....

**DATE AND PLACE OF ISSUE:** .....

**3. DATE AND PLACE OF BIRTH:** .....

**4. DATE OF ARRIVAL IN DENMARK/NORWAY/SWEDEN/FINLAND:** .....

**5. CONTACT ADDRESS IN DENMARK/NORWAY/SWEDEN/FINLAND:** .....

**6. PREVIOUS ADDRESS::** .....

**7. PURPOSE OF STAY IN DENMARK/ NORWAY/SWEDEN/FINLAND:** .....

**8. EXPECTED PERIOD OF STAY:** .....

**9. CONTACT OR NEXT OF KIN IN UGANDA:**

**NAME:**.....

**ADDRESS IN UGANDA:** .....

**ADDRESS OUTSIDE UGANDA:**.....

**10. STATE WHETHER ACCOMPANIED BY WIFE/HUSBAND/AND/OR CHILDREN:**

**11. ANY OTHER INFORMATION:** .....

**12. SIGNATURE:** .....

**DATE:**.....

**PLEASE RETURN THIS FORM WHEN COMPLETED TO THE ABOVE ADDRESS.**