



FORM 4

Regulation 10

THE REPUBLIC OF UGANDA
The Registration of Persons Act, 2015

**APPLICATION FOR REGISTRATION AND ALIEN'S
IDENTIFICATION CARD.**

Details of applicant

1. Surname
2. Other names
3. Previous or maiden names (if any)
4. Sex
5. Date of birth
6. Place of birth.....
7. Country of origin.....
8. Postal address
9. Residential address.....
 - (a) Village.....
 - (b) Parish.....
 - (c) sub county.....
 - (d) county
 - (e) District.....
10. Occupation
11. Profession
12. Details of employer/business
13. Highest level of education attained (primary, secondary, tertiary)
.....
14. Marital status (Married, single, divorced, widowed or separated)
.....
15. Name of spouse (where applicable)

16. Particulars of applicant’s dependants (Number, names, sex and ages of children)
17. Citizenship.....(list all citizenships held)
Previous nationality (if any) (attach proof of renunciation)
18. Passport number of applicant (if any)
(a) Place of issue
(b) Date of issue
(c) Issuing authority
19. Date of entry into Uganda.....
21. Immigration status
(students/pupil pass, dependants’ pass, work permit, certificate of residence, special pass) tick whichever is appropriate and attach relevant immigration status)
22. Immigration File No.
23. Driving licence number
24. Tax identification number

DECLARATION

I,, declare that the above particulars are true to the best of my knowledge and belief.

Date

Signature *Thumbprint*

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- A. Application received and checked by
Signature of registration officer
Date
- B. Comments of registration officer
- C. Authority’s decision
.....
.....

Date

.....
Signature of Registration officer

