



THE REPUBLIC OF UGANDA

EMBASSY OF THE REPUBLIC OF UGANDA - TOKYO

CITIZENSHIP VERIFICATION FORM

1. NAMES. _____ SEX: MALE _____ FEMALE _____
 2. DATE AND PLACE OF BIRTH _____
 3. PASSPORT NO. _____
 4. DATE OF ISSUE OF PASSPORT _____ EXPIRY DATE _____
 5. ARE YOU REGISTERED AT THE EMBASSY NO: _____ YES: IAM NUMBER. _____
 6. NAMES OF FATHER OR GUARDIAN _____
 7. NAMES OF MOTHER OR GUARDIAN _____
 8. NAMES OF BROTHERS IF ANY _____

 9. NAMES OF SISTERS IF ANY _____

 10. NAME OF DISTRICT OF ORIGIN/RESIDENCE _____
 11. NAME OF COUNTY(SAZA) OF ORIGIN/RESIDENCE _____
 12. NAME OF SUBCOUNTY (GOMBOLOLA)OF ORIGIN/RESIDENCE _____
 13. NAME OF PARISH (MULUUKA) OF ORIGIN/RESIDENCE _____
 14. NAME OF VILLAGE (LC -1) OF ORIGIN/RESIDENCE _____
 15. WHEN DID YOU LEAVE UGANDA _____
 16. PURPOSE OF LEAVING UGANDA _____
 17. HAVE YOU LIVED IN ANY OTHER COUNTRY OTHER THAN UGANDA
YES _____ WHEN _____ WHERE (1) _____ (2) _____
 18. NAME ANY LEADERS YOU KNOW IN:-
 1. UGANDA _____
 2. YOUR DISTRICT _____
 19. NAME IMPORTANT EVENTS IN UGANDA:-
 1. _____
 2. _____
 20. NAME IMPORTANT LANDMARKS IN UGANDA :-
 1. _____
 2. _____
- YOUR SIGNATURE (AS IN PASSPORT) _____ DATE _____