



PNG Immigration & Citizenship Service Authority

APPLICATION FOR ENTRY PERMIT

INSTRUCTION

1. A separate form is required for each person seeking entry to PNG who is traveling on their own passport. Where the application is in respect of a child under 16 years of age, both parents must sign the application
2. This form is fillable. Complete using the latest version of Adobe Reader, available at <http://get.adobe.com/reader/>
3. The completed form and the applicant's passport should be sent to:
The Chief Migration Officer
Immigration and Citizenship Service Authority
PO Box 1790
BOROKO, NCD, Papua New Guinea

OFFICE USE ONLY

Date Received: ____/____/____ BY: ____
File No: ____ Group: ____
Receipt: ____ ICD Clear: ____/____/____
BMS Registered on: ____/____/____
Decision: ____/____/____
Applicant Notified on: ____/____/____

TICK THE PURPOSE AND CIRCLE A DESCRIPTION OF YOUR VISIT TO PNG

| | | |
|---|--|---|
| <input type="checkbox"/> Visitor Tourist – Tour Package Tourist – Own Itinerary | <input type="checkbox"/> Working Resident Businessperson/Investor Employment Working Dependent | <input type="checkbox"/> Student Formal Education Occupational Trainee |
| <input type="checkbox"/> Business Short-term Multiple Entry | <input type="checkbox"/> Special Exemption Foreign Official Aid Worker/Volunteer Film-maker (Non-commercial) Emergency Relief Worker Medical | <input type="checkbox"/> Entertainer Commercial: Film maker Comedian Musician Charity: Gospel Group Cultural Exchange |
| <input type="checkbox"/> Accompanying another applicant as a dependant on my own passport. | | <input type="checkbox"/> Melanesian Spearhead Diplomat <input type="checkbox"/> Researcher/Academic <input type="checkbox"/> Religious Worker <input type="checkbox"/> Sportsperson <input type="checkbox"/> Domestic Worker |

HOW LONG DO YOU WISH TO STAY IN PNG: Days: ____ or Months: ____ or Years: ____

PERSONAL DETAILS:

| | | | |
|--|--|---|---|
| Family Name | | Given Names | |
| <input type="text"/> | | <input type="text"/> | |
| Date of Birth | Sex | Marital Status | |
| <input type="text"/> Day Month Year | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Married <input type="checkbox"/> Divorced | <input type="checkbox"/> De-facto <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married |
| Country of Birth | Nationality | | |
| <input type="text"/> | <input type="text"/> | | |
| Passport Number | Expiry Date | Occupation | |
| <input type="text"/> | <input type="text"/> Day Month Year | <input type="text"/> | |
| Passport Issue Date | Passport Issuing Place | Passport Issuing Authority | |
| <input type="text"/> Day Month Year | <input type="text"/> | <input type="text"/> | |
| TRAVEL ARRANGEMENTS | | | |
| Name of Vessel/Flight | Departure to PNG | Arrival in PNG | |
| <input type="text"/> | Port: <input type="text"/> | Port: <input type="text"/> | |
| | Date: <input type="text"/> Day Month Year | Date: <input type="text"/> Year Day Month | |

For entry for the purpose of employment:

Please attach copies of the following documents:

- ☐ A letter of offer of employment from your PNG sponsor
- ☐ The letter of approval of your work permit, including the work permit number, position number and expiry date.
- ☐ A certificate of good health from a registered doctor, a recent chest X-ray and the result of the recent HIV test.
- ☐ A statement of your good character from your local police authorities.

For all other types of entry:How will you be funding your
Stay in PNG?

- ☐ Salary
- ☐ Company Sponsor
- ☐ Own funds
- ☐ Family

If you have ever change your name, are known by an alias, or own another passport, please provide details:

PREVIOUS NAMES/ALIAS DETAILS:

| Family Name | Given Names | Date of Birth | Sex | Marital Status |
|-------------|-------------|---------------|-----|----------------|
| | | | | |

OTHER PASSPORTS:

| Country of Issue | Passport Number | Passport Expiry Date |
|------------------|-----------------|----------------------|
| | | |

ORGANISATIONAL SPONSOR:

| | | | |
|-----------------------------------|--------------------|-----------|----------|
| Organisational Name | | Agent | |
| | | | |
| Contact Address Number and Street | | | |
| | | | |
| Suburb/Town | State/Province | | Postcode |
| | | | |
| Country | Business Telephone | Facsimile | |
| | | | |

Have you visited PNG before?☐ Yes ☐ No

If yes please give details of your last visit.

| Date | Purpose of visit | Duration of visit | Address during stay |
|-------------------------------------|------------------|-------------------|---------------------|
| <div>Day Month Year</div> | | | |

Have you ever been charged with or convicted of a criminal offence:☐ Yes ☐ No

If yes, please give details of the date, nature of offence, place of conviction and the penalty imposed.

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Have you been deported from, or refused entry to Papua New Guinea, or any other country: ☐ Yes ☐ No

If yes, please give details.

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Have you been a patient in a mental home/institution, or do you suffer from a disease which may constitute a health risk in Papua New Guinea: ☐ Yes ☐ No

If Yes, please give details.

| |
|--|
| |
|--|

ADDRESS**RESIDENTIAL:** Number and Street

| | | |
|-----------------------------|----------------|---|
| | | |
| Suburb/Town | State/Province | Postcode |
| | | |
| Country | Home Telephone | Mobile Telephone |
| | | |
| Your contact email address: | | Do you agree to receiving? email communication? |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PNG: Number and Street

| | | |
|----------------|----------------|------------------|
| | | |
| Town/Village | Province | |
| | | |
| Postal Address | Home Telephone | Mobile Telephone |
| | | |

EMERGENCY CONTACT:

Family Name

Given Names

Relationship to Applicant

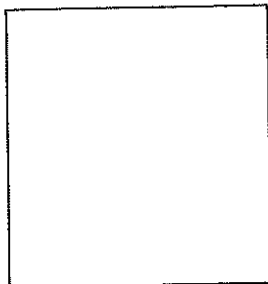
| | | |
|--|--|--|
| | | |
|--|--|--|

Contact Address Number and Street

| | | |
|-------------|----------------|------------------|
| | | |
| Suburb/Town | State/Province | Postcode |
| | | |
| Country | Home Telephone | Mobile Telephone |
| | | |

DECLARATION:

By signing this form, I declare that the information provided on the form is true and correct at I have disclosed all information that may be relevant to determining whether I should be granted an entry permit to travel to and stay in Papua New Guinea. I am aware it is a criminal offence to provide information in this application which is false or misleading.

Photograph

Signature of Applicant/Parents/Guardian: _____

Date: _____