

## Department of Foreign Affairs and Trade

## **APPLICATION FOR ENTRY PERMIT**

INSTRUCTIONS	AND THE RESIDENCE OF THE PARTY		OFFICE USE UNL		
1. Please read the notes on the r		Date Received:	/ / By:		
completing the form.  2. A separate form is required for	entry to	File No:			
PNG who is travelling on their	101110000				
application is in respect of a c	age, both	Receipt:	ICD Clear: / /		
parents must sign the application.  3. Please write legibly or use a typewriter and answer a questions as fully as possible.  4. The completed form and the applicant's passport she sent to one of the addresses on the reverse of this form.		III	EPIS Registered	PIS Registered on: / /	
		ould be	Decision:		
CK THE PURPOSE AND CIRCLE	A DESCRIPTION OF Y	OUR VISIT T	O PNG:		
☐ Visitor		□ work	ing Resident		
Fourist - Tour Package Journalist			Businessperson/Investor Short-term Employment		
Tourist - Tour Package Journalist Tourist - Own Itinerary Yachtsperson		Employment		Consultant/Specialist	
/isiting Relative		Working I	Dependant	Dependant of Citizen	
Business		Stud	ent		
Short-term Multiple Entry		Formal Education Occupational Trainee		Occupational Trainee	
■ Entertainer		Spec	ial Exemption	Melanesian Spearhead	
Commerical:		Foreign O		Diplomat	
Film-maker Comedian Charity:	Musician		er/Volunteer er (Non-commercial)	Researcher/Academic Religious Worker	
	ultural Exchange		y Relief Worker	Sportsperson	
HOW LONG DO YOU WISH TO	STATING.		or	or	
Family Name	Name of the second	Given Na	ames	f	
				College Coll Ballon my 41	
Date of Birth Sex		Marital Status			
	☐ Male	☐ Neve	r Married	Married De facto	
Day Month Year	Female	☐ wide	owed 🔲	Divorced	
	- 1 0111010				
Country of Birth				Divologa	
Passport Number Expiry Dat				Sivologo	
	Nationality  Expiry Date				
	Nationality  Expiry Date		Occupa		
	Expiry Date	onth			
	Expiry Date  Day - Mc		Occupa	tion	
	Expiry Date		Occupa		
Passport Issue Date	Expiry Date  Day - Mo  Passport Issuing		Occupa	tion	
Passport Issue Date  Day Month Yea	Expiry Date  Day - Mo  Passport Issuing		Occupa	tion	
Passport Issue Date  Day Month Yea  RAVEL ARRANGEMENTS:	Expiry Date  Day - Mo  Passport Issuing	Place	Occupa Year Passpor	tion	
Passport Issue Date  Day Month Yea  RAVEL ARRANGEMENTS:	Expiry Date  Day - Mo  Passport Issuing	Place	Occupa Year Passpor	tion et Issuing Authority	
Passport Issue Date	Expiry Date  Day - Mo Passport Issuing  Departure Port an	Place	Occupa Year Passpor	tion et Issuing Authority	

A certificate of good health from a registered doctor, a recent chest X-ray, and the results of a recent HIV test.  A statement of your good character from your local police authorities.  You have ever changed your name, are known by an alias, or own another passport, please provide REVIOUS NAME/ALIAS DETAILS: Family Name  Given Names  Date of Birth  Sex Marital Set Marital S	For all other types of entry:		
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 results of a recent HIV test.   A statement of your good character from your local police authorities.   You have ever changed your name, are known by an alias, or own another passport, please provide REVIOUS NAME/ALIAS DETAILS:   Family Name	unding your		
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THER PASSPORTS: Country of Issue			
Country of Issue Passport Number Passport Expiry Date  PAGANISATIONAL SPONSOR:  Organisation Name  Contact Address Number and Street  Suburb/Town  State/Province Post  Country  Business Telephone Facsimile  ( )  If yes, please give details of your last visit  Date Purpose of visit Duration of visit Address during stay  Passport Expiry Date  Post  Agent  Day Month Year  Passport Expiry Date  Post  Agent  Duration of visit Address during stay  Passport Expiry Date  Post  Agent  Post  Address Province Post  Address mile  Address during stay  Pass Post  Passport Expiry Date  Post  Agent  Post  Address Facsimile  Address during stay  Pass Post  Passport Expiry Date  Post  Agent  Post  Address mile  Address during stay  Pass Post  Pass Post  Address during stay  Pass Post  Address during stay  Pass Post  Pass Post  Pass Post  Address during stay  Pass Post  Pass Post  Pass Post  Address during stay  Pass Post  Pass Pass Post  Pass P	Status		
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Agent  Contact Address Number and Street  Suburb/Town  State/Province  Post  Country  Business Telephone  Facsimile  ( )  Address during state  Purpose of visit  Date  Purpose of visit  Day  Month  Year  Have you been convicted of a criminal offence:  If yes, please give details of the date, nature of offence, place of conviction and the penalty imposed thave you been deported from, or refused entry to Papua New Guinea, or any other country:			
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Have you been deported from, or refused entry to Papua New Guinea, or any other country:	∍d.		
	es 🗖 No		
Have you been a patient in a mental home/institution, or do you suffer from a disease which may c	onstitute a hea		
risk to Papua New Guinea: Yes No			
If yes, please give details.			

DDRESSES: RESIDENTIAL: Number and Street					
		State (Bendings	Postcode		
Suburb/Town		State/Province	Postcode		
Country	Hom	e Telephone	Business Telephone		
PNG: Number and Street					
own/Village		Province			
Postal Address		Home Telephone	Business Telephone		
Contact Address Number and S	ouredt	State/Province	Postcode		
Suburb/Town	urb/Town		Postcode		
Country	Hom	ne Telephone	Business Telephone		
DECLARATION:					
and correct, and that I have dis an entry permit to travel to and	closed all information that r	may be relevant to determ	nation provided on the form is tru mining whether I should be grant		
PHOTOGRAPH					
	Si	gnature of Applicant/Par	ents/Guardian Date: / /		