



Department of Foreign Affairs and Immigration APPLICATION FOR ENTRY PERMIT

INSTRUCTION

1. Please read the notes on the rear of this form before completing the form.
2. A separate form is required for each person seeking entry to PNG who is travelling on their own passport. Where the application is in respect of a child under 16 years of age, both parents must sign the application.
3. Please write legibly or use a typewriter and answer all questions as fully as possible.
4. The completed form and the applicant's passport should be sent to one of the addresses on the reverse of this form.

OFFICE USE ONLY

Date Received: ___ / ___ / ___ BY: _____
 File No: _____ Group: _____
 Receipt: _____ ICD Clear: ___ / ___ / ___
 EPIS 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"/> Business Short-term Multiple Entry <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"/> Working Resident Businessperson/Investor Employment Working Dependant <input type="checkbox"/> Student Formal Education <input type="checkbox"/> Special Exemption Foreign Official Aid Worker/Volunteer Film-maker (Non-commercial) Emergency Relief Worker Medical	Short-term Employment Consultant/Specialist Dependant of Citizen Occupational Trainee Melanesian Spear Diplomat Researcher/Academic Religious Worker Sportsperson Domestic Worker
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HOW LONG DO YOU WISH TO STAY IN PNG:

Days: or Months: or Years:

PERSONAL DETAILS:

Family Name <input style="width: 80%;" type="text"/>		Given Names <input style="width: 80%;" type="text"/>	
Date of Birth <input style="width: 100%;" type="text"/> <small>Day Month Year</small>		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Female	
Country of Birth <input style="width: 100%;" type="text"/>		Nationality <input style="width: 100%;" type="text"/>	
Passport Number <input style="width: 100%;" type="text"/>		Expiry Date <input style="width: 100%;" type="text"/> <small>Day Month Year</small>	
Passport Issue Date <input style="width: 100%;" type="text"/> <small>Day Month Year</small>		Passport Issuing Place <input style="width: 100%;" type="text"/>	
Passport Issuing Authority <input style="width: 100%;" type="text"/>		Occupation <input style="width: 100%;" type="text"/>	
TRAVEL ARRANGEMENTS: Name of Vessel/Flight <input style="width: 100%;" type="text"/>		Departure to PNG Port: <input style="width: 100%;" type="text"/> Date: <input style="width: 100%;" type="text"/> <small>Day Month Year</small>	
		Arrival in PNG Port: <input style="width: 100%;" type="text"/> Date: <input style="width: 100%;" type="text"/> <small>Year Day Month</small>	

ADDRESS

RESIDENTIAL:

Number and Street

Suburb/Town

State/Province

Postcode

Country

Home Telephone

Business Telephone

PNG:

Number and Street

Town/Village

Province

Postal Address

Home Telephone

Business Telephone

EMERGENCY CONTACT:

Family Name

Given Names

Relationship to Applicant

Contact Address Number and Street

Suburb/Town

State/Province

Postcode

Country

Home Telephone

Business Telephone

DECLARATION:

By signing this form, I,.....declare that the information provided on the form is true and correct, and that I have disclose 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.

Potograph

Signature of Applicant/Parents/Guardian:

Date:

/ /

