



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"/> Journalist Journalist Yachtsperson	<input type="checkbox"/> Working Resident Businessperson/Investor Employment Working Dependant	<input type="checkbox"/> Short-term Employment Consultant/Specialist Dependant of Citizen
<input type="checkbox"/> Business Short-term Multiple Entry	<input type="checkbox"/> Entertainer Commercial: Film maker Comedian Musician	<input type="checkbox"/> Student Formal Education	<input type="checkbox"/> Occupational Trainee Occupational Trainee
<input type="checkbox"/> Charity: Gospel Group	<input type="checkbox"/> Cultural Exchange Cultural Exchange	<input type="checkbox"/> Special Exemption Foreign Official Aid Worker/Volunteer Film-maker (Non-commercial) Emergency Relief Worker Medical	<input type="checkbox"/> Melanesian Spear Diplomat Researcher/Academic Religious Worker Sportsperson Domestic Worker
<input type="checkbox"/> Accompanying another applicant as a dependant on my own passport.			

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

PERSONAL DETAILS:

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

/ /

