



**Department of Foreign Affairs
and Trade**

APPLICATION FOR ENTRY PERMIT

INSTRUCTIONS

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 Journalist
Tourist - Own Itinerary Yachtsperson
Visiting Relative | <input type="checkbox"/> Working Resident
Businessperson/Investor Short-term Employment
Employment Consultant/Specialist
Working Dependant Dependant of Citizen |
| <input type="checkbox"/> Business
Short-term Multiple Entry | <input type="checkbox"/> Student
Formal Education Occupational Trainee |
| <input type="checkbox"/> Entertainer
Commerical:
Film-maker Comedian Musician
Charity:
Gospel Group Cultural Exchange | <input type="checkbox"/> Special Exemption
Foreign Official Melanesian Spearhead
Aid Worker/Volunteer Diplomat
Film-maker (Non-commercial) Researcher/Academic
Emergency Relief Worker Religious Worker
Medical 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 <input type="text"/>		Given Names <input type="text"/>	
Date of Birth <input type="text"/> Day Month Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Country of Birth <input type="text"/>	Nationality <input type="text"/>		
Passport Number <input type="text"/>	Expiry Date <input type="text"/> Day Month Year	Occupation <input type="text"/>	
Passport Issue Date <input type="text"/> Day Month Year	Passport Issuing Place <input type="text"/>	Passport Issuing Authority <input type="text"/>	

TRAVEL ARRANGEMENTS:

Name of Vessel/Flight <input type="text"/>	Departure to PNG Port: _____ Date: _____ Day Month Year	Arrival in PNG Port: _____ Date: _____ Day Month Year
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For entry for the purposes 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 results of a 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 changed your name, are known by an alias, or own another passport, please provide details:

PREVIOUS NAME/ALIAS DETAILS:

Family Name	Given Names	Date of Birth	Sex	Marital Status

OTHER PASSPORTS:

Country of Issue	Passport Number	Passport Expiry Date

ORGANISATIONAL SPONSOR:

Organisation Name		Agent	
Contact Address Number and Street			
Suburb/Town	State/Province	Postcode	
Country	Business Telephone	Facsimile	
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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
Day Month Year			

Have you been 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.

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

If yes, please give details.

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

If yes, please give details.

ADDRESSES:

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 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.

PHOTOGRAPH

Signature of Applicant/Parents/Guardian

Date: / /