



**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 Tourist - Own Itinerary Visiting Relative	<input type="checkbox"/> 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"/> Student Formal Education	<input type="checkbox"/> Occupational Trainee	
<input type="checkbox"/> Entertainer Commerical: Charity:	<input type="checkbox"/> Film-maker Gospel Group	<input type="checkbox"/> Comedian Cultural Exchange	<input type="checkbox"/> Musician Musical
<input type="checkbox"/> Accompanying another applicant as a dependant on my own passport	<input type="checkbox"/> Special Exemption Foreign Official Aid Worker/Volunteer Film-maker (Non-commercial) Emergency Relief Worker Medical	<input type="checkbox"/> Melanesian Spearhead Diplomat Researcher/Academic Religious Worker Sportsperson Domestic Worker	

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

PERSONAL DETAILS:

Family Name		Given Names	
_____		_____	
Date of Birth	Sex	Marital Status	
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Never Married	
Day Month Year	<input type="checkbox"/> Female	<input type="checkbox"/> Married	
		<input type="checkbox"/> De facto	
		<input type="checkbox"/> Widowed	
		<input type="checkbox"/> Divorced	
Country of Birth	Nationality		
_____	_____		
Passport Number	Expiry Date	Occupation	
_____	_____	_____	
	Day Month Year		
Passport Issue Date	Passport Issuing Place	Passport Issuing Authority	
_____	_____	_____	
Day Month Year			

TRAVEL ARRANGEMENTS:

Name of Vessel/Flight	Departure Port and Date	Arrival Port and Date
_____	Port: _____ Date: _____	Port: _____ Date: _____
	Day Month Year	Day Month Year

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.

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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 to Papua New Guinea: Yes No

If yes, please give details.

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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: / /