



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.
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:

- Visitor: Tourist - Tour Package, Journalist, Tourist - Own Itinerary, Yachtsperson, Visiting Relative
Business: Short-term Multiple Entry
Entertainer: Commerical: Film-maker, Comedian, Musician; Charity: Gospel Group, Cultural Exchange
Working Resident: Businessperson/Investor Employment, Working Dependant
Student: Formal Education
Special Exemption: Foreign Official, Aid Worker/Volunteer, Film-maker (Non-commercial), Emergency Relief Worker, Medical
Occupational Trainee
Melanesian Spearhead: Diplomat, Researcher/Academic, Religious Worker, Sportsperson, Domestic Worker
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, Sex, Marital Status, Country of Birth, Nationality, Passport Number, Expiry Date, Occupation, Passport Issue Date, Passport Issuing Place, Passport Issuing Authority

TRAVEL ARRANGEMENTS:

Name of Vessel/Flight, Departure to PNG, Arrival in PNG, Port, Date

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: / /