

# Department of Foreign Affairs and Trade

### **APPLICATION FOR ENTRY PERMIT**

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. This completed form and the applicant's passport should be son to one of the addresses on the reverse of this form.  PICK THE PURPOSE AND CIRCLE A DESCRIPTION OF YOUR VISIT TO PNG:  Visitor  Tourist - Tour Package Journalist Tourist - Own flinerary Yachtsperson Visiting Relative Working Resident Business Short-term Multiple Entry  Business  Short-term Multiple Entry  Business  Short-term Multiple Entry  Commerical:  Cherity:  Gospel Group Cultural Exchange  Accompanying another applicant as a dependant on my own passport  Days:  Months:  Years:  Marital Status  Days Month Year  Passport Issuing Place  Passport Issuing Authority	INSTRUCTIONS		OFFICE U	JSE ONLY		
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.  **TICK THE PURPOSE AND CIRCLE A DESCRIPTION OF YOUR VISIT TO PNG:    Visitor		r of this form before	Date F	Received:	/ / By:	
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4. The completed form and the applicant's passport should be sent to one of the addresses on the reverse of this form.  Applicant Notified on: / /  ITCK THE PURPOSE AND CIRCLE A DESCRIPTION OF YOUR VISIT TO PNS:    Visitor	3. Please write legibly or use a typ	ewriter and answer all	EPIS F	Registered o	n: / /	
sent to one of the addresses on the reverse of this form.  Applicant Notified on: / /  TICK THE PURPOSE AND CIRCLE A DESCRIPTION OF YOUR VISIT TO PNG:  Visitor  Tourist - Tour Package Tourist - Tour Package Vachtsperson Visiting Relative  Business Short-term Employment Working Dependant Vorking Dependant Vorking Dependant  Dependant of Citizer  Short-term Employment Working Dependant  Dependant of Citizer  Short-term Employment Consultant/Specialist Dependant of Citizer  Meliansian Spearher Diplomat Researcher/Academi Resea	questions as fully as possible.		d be Decision: / /			
Visitor   Tourist - Tour Package   Tourist - Own Itinerary   Visiting Relative   Vachtsperson   Short-term Employment   Working Dependent   Consultant/Specialist   Vachtsperson   Vacht	sent to one of the addresses on	the reverse of this form	n. Applic	ant Notified	d on: / /	
Tourist - Tour Package Tourist - Own Itinerary Tourist - Own Itinerary Tourist - Own Itinerary Vachtsperson  Business Short-term Employment Working Dependant  Dependant of Citizer  Working Dependant  Dependant of Citizer  Short-term Multiple Entry  Dependant of Citizer  Short-term Multiple Entry  Dependant of Citizer  Documerical: Film-maker Commerical: Film-maker Commerical: Film-maker Companying another applicant as a dependant on my own passport  Days:  Months: Years:  Date of Birth  Day Month Year  Passport Issue Date  Passport Issuing Place  Passport Issuing Authority  TRAVEL ARRANGEMENTS:	TICK THE PURPOSE AND CIRCLE A	DESCRIPTION OF YOU	IR VISIT TO PNG:			
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Visiting Relative  Working Dependant  Dependant of Citizer  Student Formal Education  Occupational Trained  Commerical: Film-maker Comedian Film-maker (Non-commercial) Gospel Group Cultural Exchange  Charity: Gospel Group  Accompanying another applicant as a dependant on my own passport  Days:  Months:  Years:  Given Names  Given Names  Given Names  Given Names  Gospel Birth  Day Month Year  Passport Issue Date  Passport Issue Date  Passport Issue Date  Passport Issue Date  Passport Issuing Place  Passport Issuing Place  Passport Issuing Place  Passport Issuing Authority  TRAVEL ARRANGEMENTS:			Businessperson/Inv		Short-term Employment	
Short-term Multiple Entry    Short-term Multiple Entry		n j			Consultant/Specialist Dependant of Citizen	
Short-term Multiple Entry    Short-term Multiple Entry						
Entertainer  Commerical: Film-maker Comedian Musician Charity: Gospel Group Cultural Exchange  Accompanying another applicant as a dependant on my own passport  Days: Months: Years:  Day Month Year  Passport Issue Date  Day Month Year  Passport Issue Date  Day Month Year  Passport Issue Date  Diplomat Researcher/Academire Religious Worker Sportsperson Domestic Worker  Medical  Aid Worker/Volunteer Film-maker (Non-commercial) Emergency Relief Worker Medical  Diplomat Researcher/Academire Religious Worker Sportsperson Domestic Worker  Days: Months: Years:  Or Or Or Personal Days: Months: Years:  Or Or Or Days: Months: Years:  Or Or Or Days: Months: Years:  Or Or Or Days: Months: Year Passport Issuing Place Passport Issuing Authority  Passport Issuing Place Passport Issuing Authority  Day Month Year  TRAVEL ARRANGEMENTS:	the state of the s				Occupational Trainee	
Commerical: Film-maker Comedian Musician Charity: Gospel Group Cultural Exchange Film-maker (Non-commercial) Emergency Relief Worker Medical  Accompanying another applicant as a dependant on my own passport  Days: Months: Years:  Days: Months: Years:  Or  PERSONAL DETAILS:  Family Name  Given Names  Given Names  Day Month  Year  Female  Nationality  Passport Number  Expiry Date  Day Month  Passport Issue Date  Passport Issue Date  Day Month  Year  Passport Issuing Place  Passport Issuing Authority  TRAVEL ARRANGEMENTS:	Snort-term iviuitiple Entry		. omiai Eddeation		200pational Hamou	
Film-maker Comedian Musician Aid Worker/Volunteer Film-maker (Non-commercial) Emergency Relief Worker Sportsperson Domestic Worker Sportsperson Domestic Worker Medical  Accompanying another applicant as a dependant on my own passport  Days: Months: Years:  HOW LONG DO YOU WISH TO STAY IN PNG: Or Or PERSONAL DETAILS:  Family Name  Given Names  Given Names  Date of Birth  Sex Marital Status  Day Month Year Female Widowed Divorced  Country of Birth  Nationality  Passport Number  Expiry Date Occupation  Day Month Year  Passport Issue Date Passport Issuing Place Passport Issuing Authority  TRAVEL ARRANGEMENTS:	☐ Entertainer		Special Exem	ption	Melanesian Spearhead	
Charity: Gospel Group Cultural Exchange Gospel Group Cultural Exchange Emergency Relief Worker Medical  Accompanying another applicant as a dependant on my own passport  Days: HOW LONG DO YOU WISH TO STAY IN PNG:  PERSONAL DETAILS: Family Name Given Names  Given Names  Date of Birth Sex Marital Status  Day Month Year  Film-maker (Non-commercial) Emergency Relief Worker Sportsperson Domestic Worker  Sportsperson Domestic Worker  Sportsperson Domestic Worker  Sportsperson Domestic Worker  Sportsperson Domestic Worker  Sportsperson Domestic Worker  Sportsperson Domestic Worker  Sportsperson Domestic Worker  Sportsperson Domestic Worker  Sportsperson Domestic Worker  Sportsperson Domestic Worker  Sportsperson Domestic Worker  Sportsperson Domestic Worker  Sportsperson Domestic Worker  Sportsperson Domestic Worker Sportsperson Downstic Worker Sportsperson Domestic Worker Sportsperson Downstic Worker Downstic Worker Downstic Worker Down		Musician	<del>-</del>	oer.	•	
Gospel Group  Cultural Exchange  Emergency Relief Worker  Medical  Sportsperson Domestic Worker  Passport Issue Date  Passport Issue Date  Day  Month  Year  Passport Issue Date  Day  Month  Cultural Exchange  Emergency Relief Worker  Sportsperson Domestic Worker  All Call Call Call Call Call Call Call C		Musician				
Accompanying another applicant as a dependant on my own passport    Days:   Months:   Years:	Gospel Group Cult	tural Exchange				
Days: Months: Years:  HOW LONG DO YOU WISH TO STAY IN PNG:  PERSONAL DETAILS:  Family Name  Given Names  Date of Birth  Sex  Marital Status  Married  Married  Day  Month  Year  Female  Widowed  Divorced  Country of Birth  Nationality  Passport Number  Expiry Date  Day  Month  Passport Issue Date  Passport Issuing Place  Passport Issuing Authority  TRAVEL ARRANGEMENTS:						
HOW LONG DO YOU WISH TO STAY IN PNG:  PERSONAL DETAILS:  Family Name  Given Names  Date of Birth  Sex  Marital Status  Male  Never Married  Divorced  Country of Birth  Nationality  Passport Number  Expiry Date  Day  Month  Passport Issue Date  Passport Issue Date  Passport Issue Date  Passport Issuing Place  Passport Issuing Authority  TRAVEL ARRANGEMENTS:	Accompanying another applica	int as a dependant on n	ny own passport			
PERSONAL DETAILS:  Family Name  Given Names  Date of Birth  Sex Marital Status  Male Never Married Married De factor Married  Country of Birth  Passport Number  Expiry Date  Day Month Year  Passport Issue Date  Passport Issue Date  Passport Issuing Place  Passport Issuing Authority  TRAVEL ARRANGEMENTS:		Day	s:	Months:	Years:	
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Date of Birth  Sex  Marital Status  Married  Day  Month  Year  Passport Number  Expiry Date  Day  Month  Passport Issue Date  Day  Month  Passport Issue Date  Day  Month  Passport Issue Date  Day  Month  Year  Passport Issuing Place  Passport Issuing Authority  TRAVEL ARRANGEMENTS:	PERSONAL DETAILS:					
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Day Month Year TRAVEL ARRANGEMENTS:				<b>D</b>		
TRAVEL ARRANGEMENTS:	Passport Issue Date	Passport Issuing Pla	ace	Passport	issuing Authority	
TRAVEL ARRANGEMENTS:	No.	5				
rading of a coopil light	Name of Vessel/Flight	Departure to PNG		Arrival in	PNG	
Port: Port:		Port:		Port:		
Date: Date:		Date:				Vea

For entry for the purposes of			For all other types of	
Please attach copies of the f			How will you be fund	
A letter of offer of emplo	stay in PNG?	anig your		
	☐ Salary			
The letter of approval of number, position number	Company sponsor			
A certificate of good hearay, and the results of a	oith from a registered doctor recent HIV test.	or, a recent chest X-	Own funds  Family	
A statement of your goo	d character from your loca	al police authorities.		
f you have ever changed you	r name, are known hy an	alias or own another n	assport, please provide (	details:
PREVIOUS NAME/ALIAS DETA Family Name		Date of Birth		
OTHER PASSPORTS: Country of Issue	Passport Numb	er	Passport Expiry Date	
ORGANISATIONAL SPONSOR				
Organisation Name		Agent		
Contact Address Number an	d Street			
Suburb/Town		State/Province	Postco	de
Country	- E	Business Telephone	Facsimile	
		(		
lave you visited PNG before:	Yes No			
f yes, please give details of y	our last visit			
Date Pu	rpose of visit	Duration of visit	Address during stay	
Day Month Year				
		] Yes □ No		
lave you been convicted of a f yes, please give details of t			and the penalty imposed.	
, you, produce give detaile or				
Have you been deported fron	n, or refused entry to Papu	ıa New Guinea, or any	other country:    Yes	☐ No
f yes, please give details.				
Have you been a patient in a	mental home/institution, o	or do you suffer from a	disease which may cons	stitute a heal
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		
	4.自己的意思。[4] [4] [4] [4] [4] [4] [4] [4] [4] [4]			
EMERGENCY CONTACT: Family name	Given Names	Relationship to Applicant		
Family Haine	Given Names	Leignonship 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 that may be relevant to deter Papua New Guinea.	mation provided on the form is true rmining whether I should be granted		
PHOTOGRAPH				
	Signature of Applicant/Parents/Guardian Date: / /			



#### PNG IMMIGRATION AND CITIZENSHIP SERVICE AUTHORITY

#### SUPPLEMENTARY HEALTH FORM

## THIS FORM MUST BE COMPLETED BY ALL FOREIGN NATIONALS APPLYING FOR A PNG VISA

The Papua New Guinea Immigration and Citizenship Service Authority (ICSA) administers the Migration and Citizenship Acts and is responsible for assessing and issuing visas to foreign nationals and passports to PNG Citizens. Foreign nationals seeking to travel and enter PNG cannot be granted a visa or entry to PNG if they represent a public health risk to the PNG community.

The Ebola Virus Disease and Middle East Respiratory Syndrome (MERS) are very serious public health risks. The following questions are to enable appropriate assessment of persons under the PNG Migration, Quarantine and Health Acts.

This form should be completed by all visa applicants 18 years or over. Parents who have included minors on their visa application form should complete a separate form on each minor's behalf.

Na	ıme:
Da	te of Birth:
Na	itionality:
Pa	ssport Number:
Da	te of arrival or intended arrival in PNG:
1.	In the last 21 days have you visited or transited through Liberia, Sierra Leone or Guinea or any other country where the Ebola Virus Disease has not been contained?
	Yes / No

2.	If you circled "Yes" to Question 1, please provide these countries; the nature/purpose of your travel/sta you visited; and whether you came into any contact wor may have been affected by the Ebola Virus Disease.	y there; the areas in these countries with any one (alive or dead) who was
_		
2	Do you suggestly have any of the following suggestion	.0
3.	<ul><li>Do you currently have any of the following symptoms</li><li>Vomiting</li></ul>	S!
	• Diorreah	
	• A fever	
	• A sore throat	
	Yes / No	
4.	If you circled "Yes" to Question2, please provide furt	her details below.
5.	Will you be travelling to, visiting or transiting through any other country where the Ebola Virus Disease travelling to PNG?	
	Yes / No	
	is an offence under the Migration Act to provide false entry to PNG which can lead to visa, uplift or entry ref	-
	ereby declare that the information I have provided is tr	
		FOR OFFICE USE ONLY:
	Signed	Form assessed by:
Б	· ·	Date
Da	tte:	Assessment: Cleared / Additional Medical Check