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:

☐ 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 Short-term Employment
Employment Consultant/Specialist
Working Dependant Dependant of Citizen

☐ Student

Formal Education Occupational Trainee

☐ 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

☐ 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 _____ (Day / Month / Year)

Sex: ☐ Male ☐ Female

Marital Status: ☐ Never Married ☐ Married ☐ De facto ☐ Widowed ☐ Divorced

Country of Birth _____ Nationality _____

Passport Number _____ Expiry Date _____ (Day / Month / Year) Occupation _____

Passport Issue Date _____ (Day / Month / Year) Passport Issuing Place _____ Passport Issuing Authority _____

TRAVEL ARRANGEMENTS:

Name of Vessel/Flight _____

Departure to PNG
Port:
Date: (Day / Month / Year)

Arrival in PNG
Port:
Date: (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 ( )

Have you visited PNG before: ☐ Yes ☐ No

If yes, please give details of your last visit

Date (Day Month Year)	Purpose of visit	Duration of visit	Address during stay

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: / /