



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 the form.

OFFICE USE ONLY

Date Received: \_\_\_\_\_ By: \_\_\_\_\_
File No: \_\_\_\_\_ Group: \_\_\_\_\_
Receipt: \_\_\_\_\_ ICD Clear: / /
EPIS Registered on: / /
Decision: \_\_\_\_\_ Date: / /
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: Commercial (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
Short-term Employment Consultant/Specialist Dependant of Citizen
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: \_\_\_\_\_ of Months: \_\_\_\_\_ of Years: \_\_\_\_\_

PERSONAL DETAILS:

Family Name, Given Names, Date of Birth, Sex (Male/Female), Martial Status (Never Married, Married, De facto, Widowed, Divorced), 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 Port and Date (Port, Date), Arrival Port and Date (Port, Date)

For entry for the purposes of employment:

For all other types of entry:

Please attach copies of the following documents:

- A letter of offer of employment of 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.

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 NAMES/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	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:

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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: / /



**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.

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Name: .....

Date of Birth: ...../...../.....

Nationality: .....

Passport Number: .....

Date of arrival or intended arrival in PNG: ...../...../.....

- 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 further details of when you were in these countries; the nature/purpose of your travel/stay there; the areas in these countries you visited; and whether you came into any contact with any one (alive or dead) who was or may have been affected by the Ebola Virus Disease.

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3. Do you currently have any of the following symptoms?

- Vomiting
- Diarrhoea
- A fever
- A sore throat

Yes / No

4. If you circled "Yes" to Question 2, please provide further details below.

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5. Will you be travelling to, visiting or transiting through Liberia, Sierra Leone or Guinea or any other country where the Ebola Virus Disease has not been contained prior to travelling to PNG?

Yes / No

It is an offence under the Migration Act to provide false or misleading information in respect of entry to PNG which can lead to visa, uplift or entry refusal and/or criminal charges.

I hereby declare that the information I have provided is truthful and accurate.

.....

Signed

Date: ...../...../.....

**FOR OFFICE USE ONLY:**

Form assessed by:

Date

Assessment: Cleared / Additional Medical Check