

Department of Foreign Affairs and Trade

APPLICATION FOR ENTRY PERMIT

| INSTRUCTIONS | | | OFFICE USE | | | | |
|--|--|---|--|-------|-----------------------|-----------------|---|
| . Please read the notes on the rea | 9 | Date Rece | eived: | 1 1 | Ву: | | |
| completing the form. 2. A separate form is required for | entry to | File No: | | Gre | oup: | | |
| PNG who is travelling on their o | | | 100 | | | 0. | |
| application is in respect of a chi | ild under 16 years of | | Receipt: | | _ ICD C | lear: / | / |
| Please write legibly or use a typ | all EPIS Registered on: / / | | | 1 | | | |
| questions as fully as possible. I. The completed form and the ap | nould be Decision: | | | 1 1 | | | |
| sent to one of the addresses on | | | | | | | |
| CK THE PURPOSE AND CIRCLE A | DESCRIPTION OF Y | OUR VISIT T | O PNG: | | | | |
| ☐ Visitor | | ☐ Work | king Resident | | | | |
| ourist - Tour Package Journalist | | Businessperson/Investor Short-term Employme | | | ent | | |
| Tourist - Tour Package Journalist Tourist - Own Itinerary Yachtsperson | | Employme | ent | | Consultant/Specialist | | |
| /isiting Relative | | Working I | Dependant | | Dependa | ant of Citizen | |
| Business | | ☐ Stud | ent | | | | |
| Short-term Multiple Entry | | Formal Ed | ducation | | Occupat | tional Trainee | |
| ☐ Entertainer | | D Spec | ial Exemptio | n | Melanos | ian Spearhea | d |
| | | | | | Diploma | | - |
| Commerical: Film-maker Comedian | Musician | | Foreign Official Aid Worker/Volunteer | | Researcher/Academic | | |
| , min manuf | | | er (Non-comm | | | s Worker | |
| | tural Exchange | | | | | | |
| Gospel Group Cult Accompanying another applica | ant as a dependant o | Medical | ssport | nths: | Domesti | Years: | |
| Gospel Group Cult Accompanying another application | ant as a dependant o | Medical on my own pa | ssport | | | | |
| | ant as a dependant o | Medical on my own pa | ssport | | Domesti | | |
| Gospel Group Cult Accompanying another application HOW LONG DO YOU WISH TO ST | ant as a dependant o | Medical on my own pa | or Mo | | Domesti | | |
| Gospel Group Cult Accompanying another application HOW LONG DO YOU WISH TO ST ERSONAL DETAILS: | ant as a dependant o | Medical on my own pa Days: | or Mo | | Domesti | | |
| Gospel Group Cult Accompanying another application HOW LONG DO YOU WISH TO ST ERSONAL DETAILS: Family Name | ant as a dependant o | Medical on my own pa Days: | or Mo | | Domesti | | |
| Gospel Group Cult Accompanying another application HOW LONG DO YOU WISH TO STERSONAL DETAILS: Family Name | ant as a dependant o | Medical on my own pa Days: Given No | or Mo | nths: | Domesti | | o |
| Gospel Group Cult Accompanying another application HOW LONG DO YOU WISH TO ST ERSONAL DETAILS: Family Name Date of Birth | TAY IN PNG: | Medical on my own pa Days: Given Na Marital S | or Mo | nths: | Domesti | Years: | 0 |
| Gospel Group Cult Accompanying another application HOW LONG DO YOU WISH TO ST ERSONAL DETAILS: Family Name Date of Birth Day Month Year | TAY IN PNG: Sex Male | Medical on my own pa Days: Given Na Marital S | or Mo | nths: | Domesti | Years: | 0 |
| Gospel Group Cult Accompanying another application HOW LONG DO YOU WISH TO ST ERSONAL DETAILS: Family Name Date of Birth | Sex Male Female | Medical on my own pa Days: Given Na Marital S | or Mo | nths: | Domesti | Years: | 0 |
| Gospel Group Cult Accompanying another applicate HOW LONG DO YOU WISH TO ST ERSONAL DETAILS: Family Name Date of Birth Day Month Year Country of Birth | Sex Male Female | Medical on my own pa Days: Given Na Marital S | or Monames Status er Married owed | nths: | or arried vorced | Years: | 0 |
| Gospel Group Cult Accompanying another application HOW LONG DO YOU WISH TO ST ERSONAL DETAILS: Family Name Date of Birth Day Month Year Country of Birth | Sex Male Nationality | Medical on my own pa Days: Given Na Marital S | or Monames Status er Married owed | mths: | or arried vorced | Years: | 0 |
| Gospel Group Cult Accompanying another applicate HOW LONG DO YOU WISH TO ST ERSONAL DETAILS: Family Name Date of Birth Day Month Year Country of Birth | Sex Male Nationality Expiry Date | Medical on my own pa Days: Given Na Marital S | or Monames Status er Married owed | mths: | or arried vorced | Years: | 0 |
| Gospel Group Cult Accompanying another applicate HOW LONG DO YOU WISH TO ST ERSONAL DETAILS: Family Name Date of Birth Day Month Year | Sex Male Nationality Expiry Date | Medical on my own pa Days: Given No Marital S Wide | or Morames Status er Married owed | M. Di | or arried vorced | Years: | 0 |
| Gospel Group Accompanying another applicated the control of Birth Day Month Year Country of Birth Passport Number Passport Issue Date | Sex Male Nationality Expiry Date Day - M | Medical on my own pa Days: Given No Marital S Wide | or Morames Status er Married owed | M. Di | or arried vorced | Years: | 0 |
| Gospel Group Cult Accompanying another applicate HOW LONG DO YOU WISH TO ST ERSONAL DETAILS: Family Name Date of Birth Day Month Year Passport Issue Date Day Month Year | Sex Male Nationality Expiry Date Day - M | Medical on my own pa Days: Given No Marital S Wide | or Morames Status er Married owed | M. Di | or arried vorced | Years: | 0 |
| Gospel Group Cult Accompanying another applicate HOW LONG DO YOU WISH TO ST ERSONAL DETAILS: Family Name Date of Birth Day Month Year Passport Issue Date Day Month Year RAVEL ARRANGEMENTS: | Sex Male Nationality Expiry Date Day - M Passport Issuing | Medical on my own pa Days: Given Na Marital S Wide onth | or Morames Status er Married owed Year Pa | M. Di | or arried vorced | Years: De fact | 0 |
| Gospel Group Cult Accompanying another applicate HOW LONG DO YOU WISH TO ST ERSONAL DETAILS: Family Name Date of Birth Day Month Year Passport Issue Date Day Month Year RAVEL ARRANGEMENTS: | Sex Male Nationality Expiry Date Day . M Passport Issuing | Medical on my own pa Days: Given Na Marital S Wide onth | or Morames Status er Married owed Year Pa | M. Di | or arried vorced | Years: De fact | 0 |
| Gospel Group Accompanying another applicated the control of Birth Day Month Year Country of Birth Passport Number Passport Issue Date | Sex Male Nationality Expiry Date Day - M Passport Issuing | Medical on my own pa Days: Given Na Marital S Wide onth | or Monames Status er Married owed Year Pa | M. Di | or arried vorced | Years: De fact | 0 |

| | 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 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. | | | sponsor. | | How will you be funding you stay in PNG? | | |
| | | | | Salary Company sponsor Own funds Family | | | |
| | | | ork permit | | | | |
| | | | ent chest X- | | | | |
| | | | | | | | |
| | | | authorities. | | | | |
| · | | | A | | | | |
| you have ever changed of REVIOUS NAME/ALIAS D | | re known by a | n alias, or | own another pas | sport, plea | ise provide details: | |
| Family Name | Given I | Names | | Date of Birth | Sex | Marital Status | |
| | | | | | | | |
| THER PASSPORTS: Country of Issue | | Passport Nur | mber | | Passport E | xpiry Date | |
| | | | | | | | |
| RGANISATIONAL SPONS | SOR: | | | | | | |
| Organisation Name | | | Δ | gent | | | |
| | | | | | | | |
| Contact Address Number | r and Street | | | | | | |
| Suburb/Town | | | S | tate/Province | -22, 000 | Postcode | |
| Country | | Business Telephone | | Telephone | Facsimile | | |
| Country | | | | | | | |
| Country | | | () | | |) | |
| lave you visited PNG bef yes, please give details | of your last v | visit | | on of visit | | uring stay | |
| lave you visited PNG bef | | visit | | on of visit | | uring stay | |
| lave you visited PNG bef yes, please give details | of your last v | visit | | on of visit | | uring stay | |
| lave you visited PNG bef yes, please give details Date Day Month Year | of your last v | visit | | on of visit | | uring stay | |
| lave you visited PNG befiges, please give details Date Day Month Year | of your last v | visit visit offence: | Durati | □ No | Address d | | |
| lave you visited PNG befiges, please give details Date Day Month Year | of your last v | visit visit offence: | Durati | □ No | Address d | | |
| lave you visited PNG befingers, please give details Date Day Month Year lave you been convicted fryes, please give details | of your last of Purpose of volume of a criminal of the date, | visit visit offence: nature of offer | Durati | No of conviction and | Address d | ty imposed. | |
| lave you visited PNG befinger, please give details Date Day Month Year Have you been convicted fryes, please give details | of your last of Purpose of volume of a criminal of the date, | visit visit offence: nature of offer | Durati | No of conviction and | Address d | ty imposed. | |
| lave you visited PNG befinger, please give details Date Day Month Year lave you been convicted fryes, please give details lave you been deported fryes, please give details | of your last of Purpose of volume of a criminal of the date, from, or refuse. | visit visit offence: nature of offer sed entry to Pa | Yes nce, place | No of conviction and Guinea, or any of | Address d | ty imposed. | |
| lave you visited PNG befinger, please give details Date Day Month Year lave you been convicted fryes, please give details lave you been deported fryes, please give details | of your last of Purpose of volume of a criminal of the date, from, or refusi. | offence: nature of offer sed entry to Pa | Durati Yes nce, place | No of conviction and Guinea, or any of | Address d | ty imposed. y: Yes No | |

| ADDRESSES: RESIDENTIAL: | | | |
|--|-------------------------------|---------------------------|--|
| Number and Street | | | |
| Suburb/Town | | State/Province | Postcode |
| Country | Hom | e Telephone | Business Telephone |
| PNG: Number and Street | | | |
| Town/Village | | Province | |
| Postal Address | | Home Telephone | Business Telephone |
| Contact Address Number and Suburb/Town | Street | State/Province | Postcode |
| Country | Hom | Telephone | Business Telephone |
| DECLARATION: | | | |
| By signing this form, I, | closed all information that r | nay be relevant to deterr | nation provided on the form is tru mining whether I should be grant |
| PHOTOGRAPH | | | |
| | Si | gnature of Applicant/Pare | ents/Guardian Date: / / |

PLEASE READ THESE NOTES CAREFULLY BEFORE FILLING IN THE APPLICATION FORM.

GENERAL:

Papua New Guinea welcomes tourists and visitors. Our country is a rapidly developing country and has great need of skilled people to help in its development. This country has its own immigration and labour legislation, the administration of which is the responsibility of the Ministers of the Papua New Guinea National Parliament.

All persons entering Papua New Guinea must have a valid permit and passport to enter. Permits are issued only for the purpose and period stated in the application.

The main conditions for issue of permits that are common to all applicants are that they must have accommodation available, be not adversely recorded from a security point of view, be of good character, and be physically and mentally healthy.

An entry permit may be cancelled at any time.

TOURISTS/VISITORS

Tourists and visitors can obtain entry permits for up to two months, provided they satisfy the general conditions mentioned above and

- (a) have a return or onward airline ticket to a destination beyond Papua New Guinea and authority to enter therein;
- (b) have funds to maintain themselves (K300.00 a month) or will be maintained by relatives;
- (c) they do not engage in any form of employment whether paid or unpaid; and,
- (d) any other conditions that may be imposed on arrival.

OTHER NON-WORKING ENTRANTS

Persons entering for entertainment, research, filming, journalism, aid or religious purposes must state the

ADDRESSES:

AUSTRALIA: Queensland: Papua New Guinea Consulate 15 Lake Street PO Box 8114 CAIRNS QLD 4870

OR: PNG Consulate General 99 Creek Street PO Box 220 BRISBANE QLD 4001

Australian Capital Territory: PNG High Commission 39-41 Forster Crescent PO Box E 432 PARKES ACT 2600

New South Wales and all other States: PNG Consulate General 100 Clarence Street PO Box 4201 SYDNEY NSW 2001

NEW ZEALAND:

PNG High Commission 279 Willis Street PO Box 197 WELLINGTON

JAPAN:

Papua New Guinea Embassy Mita Kokusai Building 3F 313 4-28 Mita 1-Chome TOKYO

THE PHILIPPINES:

Papua New Guinea Embassy 280 Magnolia Street Dasmarianas Village MAKATI METRO MANILA

SOLOMON ISLANDS:

Papua New Guinea High Commission PO Box 1109 HONIARA purpose of their visit when lodging the request for an entry permit. This statement must be supported, in writing, by a sponsor in PNG.

ENTRY FOR EMPLOYMENT

Papua New Guinea regulates entry of immigrants seeking employment in the country.

Under the Employment (Training and Regulations) Act 1971, which is administered by the Department of Labour and Employment, an immigrant cannot engage in any form of employment whether paid or unpaid, unless prior approval is given by the Department of Labou and Employment to the prospective employer, upon written request.

An immigrant who is employed or accepts employment without approval by the Department of Labour and Employment, becomes a prohibited immigrant and is liable for prosecution and deportation. Regular inspections are carried out by inspectors under the Act in Papua New Guinea to ensure these requirements are observed.

WARNING:

Persons who do not observe the following requirements are liable to heavy penalties under Papua New Guinea Immigration Law.

- Entry permit holders must ensure that they always have a valid permit and passport.
 Holders of expired or cancelled entry permits are prohibited immigrants and may be deported.
- The Migration Act 1976 lays down penalties for persons who deliver or otherwise furnish for official purposes of the government, documents containing information or statements that are false or misleading.

FIJI:

Papua New Guinea Embassy PO Box 2447 SUVA

UNITED KINGDOM:

Papua New Guinea High Commission 14 Waterloo Place LONDON SW1R 4AR

EUROPEAN COMMUNITY:

Papua New Guinea Embassy Avenue De Tervuren, 430 1150 BRUSSELS

SINGAPORE:

Papua New Guinea High Commission 300 Beach Road #31-05 The Concourse SINGAPORE 0719

USA:

Papua New Guinea Embassy 1779 Massachusetts Ave N.W. Suite 805 WASHINGTON, DC 20036

INDONESIA:

Papua New Guinea Embassy Panin Bank Centre, 6th Floor Jalan Jendral Sudirman 1 JAKARTA 10270

MALAYSIA:

Papua New Guinea High Commission No. 5 Jalan U Thant 55000 KUALA LUMPUR

ALL OTHER COUNTRIES:

The nearest Australian Diplomatic Mission