



APPLICATION FOR A VISITOR VISA FOR FIJI

Attach 3 passport-size photographs

**Each person is required to pay a visa fee on application.
This fee is not refundable**

1 **FULL NAME:** *SURNAME/FAMILY NAME FIRST*
Mr/Mrs/Miss _____

2 **DATE OF BIRTH:** _____ 3. **PLACE OF BIRTH** _____

4 **NATIONALITY:** _____

5 **MARITAL STATUS:** *SINGLE/MARRIED/DIVORCED* _____

6 **HOME ADDRESS:** _____

_____ **TEL NO.** _____

7 **OCCUPATION:** _____ 8(a) **EMPLOYER:** _____

8b **ADDRESS:** _____

_____ **TEL NO.** _____

9 **PASSPORT NUMBER:** _____ 10. **DATE OF ISSUE:** _____

11 **PLACE OF ISSUE:** _____ 12. **EXPIRY DATE:** _____

13 **DETAILS OF CHILDREN WHOSE NAMES ARE IN YOUR PASSPORT WHO ARE INCLUDED IN THIS APPLICATION**

	<u>NAME</u>	<u>SEX</u>	<u>DATE OF BIRTH</u>	<u>PLACE OF BIRTH</u>
(a)	_____	_____	_____	_____
(b)	_____	_____	_____	_____
(c)	_____	_____	_____	_____
	_____	_____	_____	_____

14	FULL ADDRESS IN FIJI: _____												
15	REASON FOR VISIT TO FIJI: _____												
16	PROPOSED DATE OF ARRIVAL IN FIJI: _____												
17	PROPOSED DURATION OF STAY: _____												
18	SOURCE OF FINANCIAL SUPPORT IN FIJI: _____												
19	ARRIVAL FROM: _____												
20	NEXT COUNTRY OF VISIT: _____												
21	DETAILS OF ONWARD/RETURN TICKETS: _____												
22	HAVE YOU EVER APPLIED FOR A WORK, RESIDENCE OR STUDEN PERMIT BEFORE? <i>(If Yes, please give details):</i> _____ _____												
23	HAVE YOU RO ANYONE INCLUDED IN THIS APPLICATION EVER APPLIED FOR A FIJI VISA BEFORE? <i>(If Yes, give details of each application as follows):</i> DATE AND PLACE OF APPLICATION: _____ RESULT OF APPLICATION <i>(Granted or Refused):</i> _____ VISA NUMBER <i>(If Granted):</i> _____												
24	DO YOU HAVE ANY CONTACTS OR IMMEIDIATE FAMILY IN FIJI? <i>(If Yes, please provide details)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: left;">NAME</th> <th style="width: 33%; text-align: left;">RELATIONSHIP</th> <th style="width: 33%; text-align: left;">RESIDENTIAL ADDRESS</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NAME	RELATIONSHIP	RESIDENTIAL ADDRESS									
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25	HAVE YOU OR ANYONE INCLUDED IN THIS APPLICATION; <i>(If you answer Yes to any of these questions, give details):</i> (a) Afflicted with contagious or infectious disease or mental disorder: _____ (b) Used or been addicted to or trafficked in narcotics: _____ (c) Been convicted of or have any charges outstanding on a criminal offence in any country: _____ (d) Been deported or excluded from any country: _____												

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DECLARATION:

I DECLARE THAT:

- (i) The information given in this application is true and correct to the best of my knowledge and belief.
- (ii) I have access to sufficient funds to support myself and anyone else included in this application.
- (iii) I have the necessary visa (where applicable) to the next country of visit after Fiji and will leave at or before the end of the authorized period of stay.
- (iv) I will not apply for a permit to work, reside or study while in Fiji.
- (v) I understand that false or misleading information given in relation to this application could result in the cancellation of the visa and liability for prosecution and deportation.

SIGNATURE: _____ **DATE:** _____

FOR OFFICIAL USE ONLY

FEE: _____ **RR NO.:** _____

VISA SERIAL NO.: _____ **DATE:** _____

REMARKS: _____