



Department of Foreign Affairs  
and Trade

APPLICATION FOR ENTRY PERMIT

INSTRUCTIONS

OFFICE USE ONLY

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.

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

Working Resident

Businessperson/Investor  
Employment  
Working Dependant

Short-term Employment  
Consultant/Specialist  
Dependant of Citizen

Business

Short-term Multiple Entry

Student

Formal Education

Occupational Trainee

Entertainer

Commerical:  
Film-maker    Comedian    Musician  
Charity:  
Gospel Group    Cultural Exchange

Special Exemption

Foreign Official  
Aid Worker/Volunteer  
Film-maker (Non-commercial)  
Emergency Relief Worker  
Medical

Melanesian Spearhead  
Diplomat  
Researcher/Academic  
Religious Worker  
Sportsperson  
Domestic Worker

Accompanying another applicant as a dependant on my own passport

Days: \_\_\_\_\_ Months: \_\_\_\_\_ Years: \_\_\_\_\_  
or \_\_\_\_\_ or \_\_\_\_\_

HOW LONG DO YOU WISH TO STAY IN PNG:

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:**

**For all other types of entry:**

Please attach copies of the following documents:

How will you be funding your stay in PNG?

- 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.

- 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	Purpose of visit	Duration of visit	Address during stay
Day Month Year			

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: / /