



**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

Working Resident

Businessperson/Investor    Short-term Employment  
Employment    Consultant/Specialist  
Working Dependant    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

Melanesian Spearhead  
Foreign Official    Diplomat  
Aid Worker/Volunteer    Researcher/Academic  
Film-maker (Non-commercial)    Religious Worker  
Emergency Relief Worker    Sportsperson  
Medical    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

Widowed

Married

Divorced

De facto

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	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.

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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: / /