



REPUBLIC OF FIJI

APPLICATION FOR A VISITOR VISA FOR FIJI

Attach 3 passport—size photographs

Each person is required to pay a visa fee on application.
The 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 _____

8(b) 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

	NAME	SEX	DATE OF BIRTH	PLACE OF BIRTH
(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 STUDENT PERMIT BEFORE? (If Yes, please give details)

23 HAVE YOU OR ANYONE INCLUDED IN THIS APPLICATION EVER APPLIED FOR A FIJI VISA BEFORE?
(If Yes, give details of each application as follows:)

DATE AND PLACE OF APPLICATION _____

RESULT OF APPLICATION (GRANTED OR REFUSED) _____

VISA NUMBER (IF GRANTED) _____

24	DO YOU HAVE ANY CONTACTS OR IMMEDIATE FAMILY IN FIJI? (If yes, please provide details)		
	NAME	RELATIONSHIP	RESIDENTIAL ADDRESS
25	HAVE YOU OR ANYONE INCLUDED IN THIS APPLICATION:(If you answer YES to any of these questions, give details)		
(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 _____		
28	<u>DECLARATION:</u> 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 authorised 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 _____
	<u>FOR OFFICIAL USE ONLY</u>		
	FEE _____	RR NO _____	
	VISA SERIAL NUMBER _____	DATE _____	
	REMARKS _____		

