



REPUBLIC OF FIJI

Attach a passport size photograph

APPLICATION FOR A VISITOR VISA FOR FIJI

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 EMPLOYER _____
- 9 ADDRESS _____ TEL NO. _____
- 10 PASSPORT NUMBER _____ 11. DATE OF ISSUE _____
- 12 PLACE OF ISSUE _____ 13. EXPIRY DATE _____

14	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)			

- 15 FULL ADDRESS IN FIJI _____
- 16 REASON FOR VISIT TO FIJI _____
- 17 PROPOSED DATE OF ARRIVAL IN FIJI _____
- 18 PROPOSED DURATION OF STAY _____
- 19 SOURCE OF FINANCIAL SUPPORT IN FIJI _____
- 20 ARRIVAL FROM _____
- 21 NEXT COUNTRY OF VISIT _____
- 22 DETAILS OF ONWARD/RETURN TICKETS _____

- 23 HAVE YOU EVER APPLIED FOR A WORK , RESIDENCE OR STUDENT PERMIT BEFORE? (if yes, please give details)

- 24 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) _____
- 25 DO YOU HAVE ANY CONTACTS OR IMMEDIATE FAMILY IN FIJI? (If yes, please provide details)

NAME	RELATIONSHIP	RESIDENTIAL ADDRESS
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26	HAVE YOU OR ANYONE INCLUDED IN THIS APPLICATION BEEN:	
(a)	Afflicted with contagious or infectious disease or mental disorder _____	
(b)	Using or addicted to or trafficked in narcotics _____	
(c)	Convicted of or have any charges outstanding on a criminal offence in any country _____	
(d)	Deported or excluded from any country _____	
	(If you answer YES to any of the above questions, please give details)	
27	<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 on 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 _____
28	<u>FOR OFFICIAL USE ONLY</u>	
	FEE _____	RR NO. _____
	VISA SERIAL NUMBER _____	DATE _____
	REMARKS _____	

