

REPUBLIC OF FIJI

Attach a passport size photograph

| | APPLICATION FOR A VIS | SITOR VIS | SA FOR FIJI | | | | | | | |
|-----|---|-----------|-------------------|----------------|---|--|--|--|--|--|
| | Each person is required to pay a visa fee on application. | | | | | | | | | |
| | The fee is not refundable. | | | | | | | | | |
| 1 | FULL NAME: SURNAME/FAMILY NAME F Mr/Mrs/Miss | TIRST | | | | | | | | |
| 2 | DATE OF BIRTH | | 3. PLACE OF BIRTH | | | | | | | |
| 4 | NATIONALITY | | | | | | | | | |
| 5 | MARITAL STATUS (Single/Married/Divorce | d) | | | | | | | | |
| 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 | | | | | | | | | |
| (a) | NAME | SEX | DATE OF BIRTH | PLACE OF BIRTH | | | | | | |
| (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 FI | JI | | | - | | | | | |
| 20 | ARRIVAL FROM | | | | | | | | | |
| 21 | NEXT COUNTRY OF VISIT | | | | | | | | | |
| 22 | DETAILS OF ONWARD/RETURN TICKETS | 3 | | | | | | | | |
| | DETINES OF SHOWING METORIC HORE | | | | | | | | | |
| 23 | HAVE YOU EVER APPLIED FOR A WORK, RESIDENCE OR STUDENT PERMIT BEFORE? (if yes, please give details) | | | | | | | | | |
| | | | | | | | | | | |
| 24 | TAVE VOLUDE ANYONE INCLUDED IN THIS APPLICATION EVER ARRUSE FOR A FULL YOAR REFORM | | | | | | | | | |
| 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) | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

| HAVE YOU OR ANYONE INCLUDED IN THIS APPLICATION BEEN: Afflicted with contagious or infectious disease or mental disorder | | NAME | RELATION | ISHIP | RESIDENTIAL ADDRESS | | | | | |
|--|---------------------------------------|---|----------|--------|---------------------|--|--|--|--|--|
| Afflicted with contagious or infectious disease or mental disorder Using or addicted to or trafficked in narcotics Convicted of or have any charges outstanding on a criminal offence in any country (If you answer YES to any of the above questions, please give details) DECLARATION I DECLARE THAT: (i) The information given in this application is true and correct to the best of my knowledge and belief. I have access to sufficient funds to support myself and anyone else included in this application. 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 | | | | | | | | | | |
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| Using or addicted to or trafficked in narcotics Convicted of or have any charges outstanding on a criminal offence in any country Deported or excluded from any country (If you answer YES to any of the above questions, please give details) 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 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 | HAVE YOU O | HAVE YOU OR ANYONE INCLUDED IN THIS APPLICATION BEEN: | | | | | | | | |
| Convicted of or have any charges outstanding on a criminal offence in any country | Afflicted with o | with contagious or infectious disease or mental disorder | | | | | | | | |
| Deported or excluded from any country | Using or addic | ddicted to or trafficked in narcotics | | | | | | | | |
| (If you answer YES to any of the above questions,please give details) DECLARATION | Convicted of c | onvicted of or have any charges outstanding on a criminal offence in any country | | | | | | | | |
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| FOR OFFICIAL USE ONLY FEE | (ii) (iii) (iv) | I have access to sufficient funds to support myself and anyone else included in this application. 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. I will not apply for a permit to work, reside or study while in Fiji. I understand that false or misleading information given in relation to this application could result in the | | | | | | | | |
| FEE RR NO. VISA SERIAL NUMBER DATE | Signature | | | Date | | | | | | |
| VISA SERIAL NUMBER DATE | FOR OFFICIAL USE ONLY | | | | | | | | | |
| | FEE | | | RR NO. | | | | | | |
| REMARKS | VISA SERIAL | NUMBER | | DATE | | | | | | |
| | REMARKS | | | | | | | | | |
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