

PNG Immigration and Citizenship Service Authority APPLICATION TO EXTEND ENTRY PERMIT

INSTRUCTION

- 1. A separate form is required for each person seeking entry to PNG who is traveling on their own passport. Where the application is in respect of a child under 16 years of age, both parents must sign the application
- 2. This form is fillable. Complete using the latest version of Adobe Reader, available at http://get.adobe.com/reader/
- The completed form and the applicant's passport should be sent to: The Chief Migration Officer Immigration and Citizenship Service Authority PO Box 1790 BOROKO NCD Papua New Guinea

OFICE USE ONLY					_
Date Received: /	/	BY:			
File No:	Group:	:			
Receipt:	ICD Clear	/	/		
BMS Registered on:	/	/			
Decision:			/	/	
Applicant Notified on:	/	/			

PERSONAL DETAILS:

Family Name		Given Names							
Date of Birth	Sex	Marital Status							
	🔲 Male	Never Married	Married	De facto					
Day Month Year	Female	Widowed	Divorced						
Country of Birth	Nationality								
Passport Number	Expiry Date								
	Day Mo	nth Year							
		Days:	Months	Years					
How long do you wish to stay in P	NG:								
Please state the reason for your extension:									
EXISTING ENTRY PERMIT DETAILS:									
Entry Permit Number	Entry Permi	t Expiry Date	Date of Last entry into PNG						
	Day N	Month Year	Day	Month Year					
Entry Permit Type	Entry P	ermit Class							
Date of Issue	Place o	flssue							
Day Month Year									
Day Month Year									

Downloaded from <u>www.immigration.gov.pg</u>

ADDRESS WHILE IN PNG:

Number & Street:									
Town/Village				Prov	ince				
Postal Address				Hom	e Telepho	ne	Мо	bile Telep	hone
Your contact email address:						Do you receivir email	ng?		Yes
	,	• • • •			0		nication	1?	No
How will you be funding your	stav in PNG.	Sala Own	ry Funds		Comp Famil	any Spor y	isor		
ORGANISATIONAL SPONSOR	/EMPLOYER (IF APPLI		BLE) Agent						
		7 [-						
Lot and Section No									
Town/Village			Provin	ce					
Postal Address			Teleph	none		E	Email		
If you have ever change your nam PREVIOUS NAMES/ALIAS DETAILS		, or	own and	other p	assport, pl	ease provi	de deta	iils:	
Family Name	Given Names				Date of E	Birth	Sex	Marital S	Status
OTHER PASSPORTS: Country of Issue	Passport Number	-			Passpo	ort Expiry	Date	<u> </u>	
Have you ever been charged v	with or been convicted		a crimir	al of	fonco:	Yes		No	
· · ·								NO	
If yes, please give details of the da	ate, nature of offence, pla	ace	of convid	ction a	ind the pen	alty impos	ed.		
Have you been deported from,	or refused entry to Br	2011		Luino	or any o	thor cou	ntru	Yes	No
If yes, please give details.	or relused entry to ra	apud		June	a, or any c		iitiy.	163	NO
Tryes, please give details.									
DECLARATION:									
I declare that the information primay be relevant to determining v I am aware it is a criminal offen this application.	whether I should be gran	nted	an entry	ı perm	nit to travel	to and sta	iy in Pa	pua New G	uinea.
					Date:				
					Date				
Signature of A	Applicant, Parent or Gua	ardia	an						