



PAPUA NEW GUINEA IMMIGRATION AND CITIZENSHIP AUTHORITY

MIGRATION AGENT/S CLIENT SERVICE REGISTRATION FORM

ORGANIZATION NAME/ MIGRATION SERVICE AGENT <i>(corporate clients)</i>	
CONTACT /REPRESENTATIVE (Provide names and copies of ID from Agency)	
NON CITIZEN/CITIZEN (provide names & copies of employment visa for foreign owners or partners)	
PHONE NUMBER	
EMAIL ADDRESS	
MAILING ADDRESS	
OFFICE LOCATION: (Provide Building Name, Street, Lot, Sect.)	
IPA CERTIFICATE REGISTRATION NUMBER & IPA Company EXTRACT (attach Certificate copies)	
IRC TIN NUMBER (attach Certificate copy)	
WORK PERMIT AGENT LICENSE NUMBER (attach copy of Emp. License)	
<i>I declare that the information that I have provided is true and correct in every detail.</i>	
<i>Sponsor/Agent Name</i> _____ <i>Signature</i> _____ <i>Date</i> _____	
For ICA endorsement for lodgement & follow-up purposes:	
Name:	Signature:
Date:	Branch: