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 visa 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 _________________________________________________________________

8a EMPLOYER __________________________________________________________________________

8b ADDRESS ____________________________________________ TEL NO. _______________

9 PASSPORT NUMBER _____________________________________________________________

10 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) _________________________________________________________
DO YOU HAVE ANY CONTACT OR IMMEDIATE FAMILY IN FIJI? (if yes, please provide details)

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<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>RESIDENTIAL ADDRESS</th>
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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 on narcotics ________________________________

(c) Been convicted of or have any charges outstanding on a criminal offence in any country ____________________

(d) Been reported or excluded from any country ________________________________________________

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 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) Will not apply for a permit of work, reside or study while in Fiji.
(v) I understand that false or misleading information give in relation to this application could result in the Cancellation of the visa and liability for prosecution and deportation.

Signature ____________________________ Date ____________________________

FOR OFFICIAL USE ONLY

FEE ____________________________ RR N° ____________________________

VISA SERIAL NUMBER ____________________________ DATE ____________________________

REMARKS __________________________________________