

SOLOMON ISLANDS GOVERNMENT IMMIGRATION DIVISION MINISTRY OF COMMERCE INDUSTRIES LABOUR AND IMMIGRATION

APPLICATION FOR A VISITOR VISA

Form 1 (Regulation 12)

NOTE: This application attracts a fee of SBD\$800 if the application is made in the Solomon Islands. This fee must be paid to the Ministry of Finance and the receipt attached to the application before the application will be accepted and processed. No fee applies to applications made outside the Solomon Islands.

Attach Photograph Here

If the information provided in this application is subsequently found to be false and misleading then the applicant will be subject to prosecution and could face a fine not exceeding 5,000 penalty points and/or a term of imprisonment not exceeding 6 months under section 62 of the Migration Act 2012.

Full Name (as shown in passport):					
Sex: ☐ Male ☐ Female	Marital Status:	Never Married	☐ Married	☐ Divorced/Separated	☐ Widowed
Date of Birth:/	Place of Birth:				
Nationality:	Oc	cupation:			
Passport Number:	Pla	ce of Issue:			
Date of Issue:/20	Da	te of Expiry:	.//20		
Do you have any minor dependent	s included in your pas	sport travelling w	ith you: \square N	o ☐ Yes (please give	details):
Name		Date	of Birth	Relationship	
			//		
			//		
Address while in the Solomon Isla	nds:				
Reason for the visa: Tourism	☐ Visiting Family/ F	riends I	Date of Arrival i	n the Solomon Islands	//20
Do you have any relatives, contact	s or friends in the Solo	omon Islands:	No □ Yes	(please provide details):	
Name Rela		onship		Address	
How long do you intend to stay in (Note: For the purpose of section purposes of section 22(d) of the A period of 90 days in a calendar year	the Solomon Islands: 22(c) of the Migration ct a holder of a visitor	Months Act 2012 the stay	Days	 n Islands for a visitor is 6 v	weeks. For the
Date of your flight or vessel's dep (Note: Evidence of your onward journels)					
How will you finance your stay:	☐ Own Finances (ple	ase provide evide	nce)	nsor (please give details):	
Name	Relatio	onship		Address	

Have you previously travelle	ed to the Solomon Islands:	☐ No ☐ Yes (please provide details of last two vi	sits):				
Date of Arrival	Date of Arrival Date of Departure Purpose of Trip						
/	/						
/	/						
Have you ever been convicte	ed of a criminal offence, re	fused entry, deported or required to depart any country:	□ No	□ Yes			
If Yes please provide details:	:						
Have you been diagnosed or	□ No	□Yes					
If Yes please provide details:	:						
NOTE: Employment is pro	hibited under this visa						
I declare that the information	n provided in this application		/20				
	ure of Applicant	Date	20				
	FOR	R OFFICAL USE ONLY					
Date and Time Received:	/20						
Received from:							
Received by:			•••••				
Records check undertaken:	☐ Yes Date/.	/20 Signature:					
Decision:	☐ Declined (for t	the following reasons):					
Visa Details:							
Date of Issue:/20	Valid to:/	/20 orDays Class: ☐ Tourist ☐ Visit	ing Family	y/Friends			
Additional remarks							
		/20					
Officers signature		Date					