



FORM 1
REPUBLIC OF THE MARSHALL ISLANDS
DIVISION OF IMMIGRATION - MINISTRY OF JUSTICE
 P.O. BOX 890
 MAJURO, MARSHALL ISLANDS 96960
PLEASE TYPE OR PRINT IN INK AND ANSWER ALL QUESTIONS.

Date Submitted: _____

Initials: _____

VISA APPLICATION

APPLICATION:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	TYPE OF VISA YOU ARE APPLYING FOR:
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(1) Family Name	(2) First or Given Names	(3) Name in the Ethnic Script (If Applicable)
(4) Previous or Alternative Names	(5) Particulars of Birth (Town/Province)	Country

(6) Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	(7) Date of Birth	(8) Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separate	(9) Occupation	(10) Present Citizenship
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(11) Full Residential Address FULL POSTAL ADDRESS (IF DIFFERENT)	Telephone #
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(12) Passport Details (#)	Place of Issue	Date of Issue 9/27/2011 Mo Day Yr / /	Valid Until 9/26/2021 Mo Day Yr / /
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(13) Purpose of Intended visit to the Republic of the Marshall Is:

Holiday - Intended Address.....

Business - Address of Business contact and telephone number.....

Visit Relatives - Name, Address and relationship.....

Medical Treatment - Name Address of Doctor/Hospital.....

Residence in the Republic of the Marshall Islands. If so, would you like to receive additional advice/information? YES [] NO []

(14) Length of Stay	(15) Proposed Dates of:
2 years	Mo Day
Months Days	(A) Arrival in the Marshall Islands. /
	(B) Departure for the Marshall Island /

(16) Have you or has anyone included in the Application ever applied for a Visa or travelled to the Republic of the Marshall Islands?
 YES NO IF "YES", provide details.

(17) Particulars of Accompanying Children included in My Passport None				
Full Name	Son / Daughter	Country of Birth	Date of Birth	Citizenship

(18) Have you or has any Member of your Family included in this Application

Suffered from any dangerous contagious disease such as tuberculosis?

Suffered from any mental illness

Been convicted of a criminal offence in any country?

Been deported from any country?

IF "YES" TO ANY OF THE ABOVE, GIVE DETAILS:

(19) DECLARATION NOTE: If you are unable to complete the following declaration in respect of any matter, you should cross out the item in question and the declaration as amended. You should then submit with the application a statement outlining the reasons why you were unable to declare in respect of the deleted item.

DECLARE THAT:

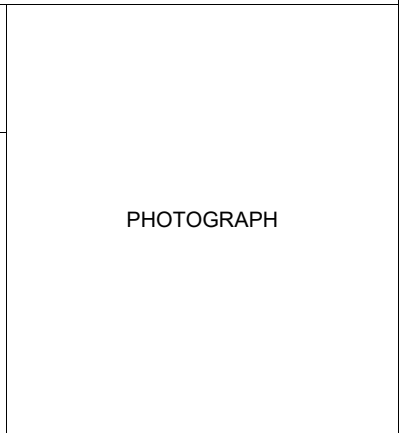
- I have sufficient funds to support myself and all dependent members of my family during the period of the visit.

- I and my accompanying dependent family members will, if granted visitors visas, travel to the Republic of the Marshall Is. on fully paid return tickets for travel to a destination beyond the Republic of the Marshall Islands; will produce these tickets on arrival and will retain them while in the Republic.

- I and my accompanying dependent family members WILL NOT SEEK AUTHORITY TO SETTLE IN THE RMI AND WILL LEAVE AT OR BEFORE THE END OF THE AUTHORIZED VISIT PERIOD.

- I and my accompanying dependent family members WILL NOT UNDERTAKE EMPLOYMENT OR ANY FORMAL STUDIES WHILE IN THE RMI.

- I FURTHER DECLARE THAT ALL QUESTIONS HAVE BEEN ANSWERED AND THE PARTICULARS PROVIDED BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ABILITY.



(SIGNATURE)

____ / ____ / ____
Mo Day Yr

FOR OFFICIAL USE ONLY									
DECISION <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		INTERVIEW <input type="checkbox"/> YES <input type="checkbox"/> NO		ENTRY <input type="checkbox"/> Single <input type="checkbox"/> Multiple		PERIOD OF STAY	VALIDITY		
<input type="checkbox"/> V-1	Visitor	Single	3 Months	<input type="checkbox"/> B-1	Business	Multiple	2 Years	VISA NUMBER	VISA CATEGORY
<input type="checkbox"/> S-1	Student	Multiple	1 Year	<input type="checkbox"/> T-1	Transit	Single	3 Days	DATE OF ISSUE Mo Day Yr / /	AUTHORIZED OFFICIAL
<input type="checkbox"/> D-1	Diplomatic	Multiple	2 Years	<input type="checkbox"/> R-1	Resident	Multiple	5 Years		
<input type="checkbox"/> G-1	General	Multiple	2 Years	<input type="checkbox"/> E-1	Work	Multiple	2 Years		

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