

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:	Occupation:							
Passport Number:	Place of Issue:							
Date of Issue:/20	Date of Expiry:	.//20	/20					
Do you have any minor dependen	ts included in your passport travelling wi	ith you: \square	No ☐ Yes (please give	details):				
Name	Date	of Birth	Relationship					
		/						
		/						
Address while in the Solomon Isla	ands:							
Reason for the visa: Tourism	☐ Visiting Family/ Friends ☐	ate of Arrival	in the Solomon Islands	//20				
Do you have any relatives, contac	ts or friends in the Solomon Islands: \Box	No □ Ye	s (please provide details):					
Name	Relationship		Address					
	22(c) of the Migration Act 2012 the stay ct a holder of a visitor visa is only permi	in the Solomo	on Islands for a visitor is 6					
	arture from the Solomon Islands:/. ourney will have to accompany this appl							
How will you finance your stay:	☐ Own Finances (please provide evide	nce) \square Spo	onsor (please give details):					
Name	Relationship		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 Departure Purpose of Trip					
/	//				
Have you ever been convicted	ed of a criminal offence, re	efused entry, deported or required to depart any country:	□ No	□ Yes	
If Yes please provide details	:		• • • • • • • • • • • • • • • • • • • •		
Have you been diagnosed or	treated for a public health	risk such as tuberculosis:	□ No	□Yes	
If Yes please provide details	:				
NOTE: Employment is pro	hibited under this visa				
I declare that the information	n provided in this applicati	on is true and correct.			
	ure of Applicant	/	/20		
	FOI	R OFFICAL USE ONLY			
Date and Time Received:	/20				
Received from:					
Received by:					
Records check undertaken:	☐ Yes Date/	/20 Signature:			
Decision:	☐ Declined (for	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			