

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

EMPLOYMENT AND SPECIAL PURPOSE SPONSORSHIP FORM

Form 16 (Regulation 81(c))

This sponsorship form is to be completed by entities who are a company, public body, international organisation, NGO, incorporated association, educational institution or church body who wish to sponsor a person to work in the Solomon Islands for the entity as the holder of a short-term employment, long-term employment or special purpose visa.

By completing this sponsorship form, you, the sponsor, hereby agree to the terms and conditions contained in this sponsorship. This may include ensuring that the work undertaken is consistent with the development objectives of the Solomon Islands Government, in accordance with the Labour Act and ensures that the person(s) covered by this sponsorship abide(s) by the conditions of the their visa and departs the Solomon Islands before the expiry of their visa.

The sponsor will notify the Director of Immigration within 2 weeks if the primary sponsored person ceases their employment or the entity terminates the contracting relationship or wishes to change the contracting arrangements which are the subject of this sponsorship. Also the sponsor will provide any information requested in writing by the Director of Immigration.

If the sponsor fails to comply with the sponsor obligations, they commit an offence that could result in a fine not exceeding 5,000 penalty points and/or a term of imprisonment not exceeding 6 months under section 26 of the Migration Act 2012.

In addition, if the information provided in this sponsorship is subsequent found to be false and misleading then the sponsor 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 27 of the Migration Act 2012.

Sponsor's Details

Entity's Nan	ne:					
Are you a:	□ company		public body	☐ international organisation		NGO
	☐ Educational institution		church body	other (please specify)
How many p	ersons are employed in your entity:					
Address in th	ne Solomon Islands:					
Please state	why the entity needs to employ the p	rima	ry person covered by	this sponsorship rather than a Solomon I	sland	citizen:

Please provide details of the contracting arrangements between the entity and person being sponsored:
Please describe how the skills of the primary sponsored person will be transferred to a Solomon Islands citizen:
Will the entity be providing the person(s) you are sponsoring with accommodation: \Box No \Box Yes
Will the entity be financially supporting the person(s) you are sponsoring during their stay in the Solomon Islands: \(\sigma\) No \(\sigma\) Yes
If No, how will they be financially supported during their stay:
Period of the sponsorship: Until/20 or Years Months Days
Is the entity the sponsor for anybody else currently in the Solomon Islands: \Box No \Box Yes (give details):
Name Period of sponsorship
Has the entity previously been a sponsor of a foreign worker in the Solomon Islands: No Yes (give details):
Name Period of sponsorship
Primary sponsored person's details
Full Name
Sex: ☐ Male ☐ Female

Date of Birth:/ Place of Birth:					
Nationality:	Occupation:				
Passport Number: F	Place of Issue:	:			
Date of Issue:/20	Date of Expiry:/20				
Date and place of arrival in the Solomon Islands If app	plicable):	//20,			
Current visa expiry date of expected date of arrival: Note: persons who have overstayed their current visa a					
Secondary person(s)'s details					
Please list additional persons to be covered by this spo	onsorship:				
Name		Date of Birth	Relationship to prima	ary sponsored person	
		/			
		/			
		/			
		/			
Declarations:					
I, as responsible person in the entity sponsoring to the	person(s) liste	ed above, do hereby	declare that:		
 there is an acceptable arrangement in place be alterations or changes to the arrangement the the alterations or changes; 					
2. the work to be undertaken by the primary spo objectives of the Solomon Islands Government				e development	
3. the person(s) covered by this sponsorship will Solomon Islands or obtain a new visa prior to			neir visa and work permit	and depart the	
4. in the event the person(s) sponsored become liable for the costs relating to the removal of the second s					
5. the entity will comply with any written reque	est for informa	ation made by the D	Director of Immigration; a	nd	
6. the information provided in this sponsorship	form is true a	and correct.			
Name of person making the decl					
Name of person making the deer					
Position in the entity		•••••			
•					
				/20	
Signature				Date	

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Date and Time Received:/20			
Received from:			
Received by:			
Records check undertaken: Yes Date/20 Signature:			
Work permit sighted:	☐ Yes	□ No	
Contracting arrangements between sponsor and primary sponsored person acceptable:	☐ Yes	□ No	
Abiding or previously abided by conditions of sponsorship:	☐ Yes	□ No	
Decision: ☐ Accept ☐ Declined (for the following reasons):			
Additional remarks			
	//	20	
Officers signature	Date		