



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

FAMILY AND FOREIGN NATIONAL DEPENDANT SPONSORSHIP FORM

Form 17 (Regulation 84(c))

This sponsorship form is to be completed by individuals who are either a Solomon Islands citizen, holder of a long-term employment visa, provisional investor visa, established investor visa or a special purpose visa who wish to sponsor a dependant for a stay in the Solomon Islands. Dependant is defined as a spouse, child under the age of 18 years old or a person whom the Permanent Secretary of the Ministry of Commerce, Industries, Labour and Immigration is satisfied is ordinarily dependent on the sponsor.

By completing this sponsorship form, you, the sponsor, hereby agree to the terms and conditions contained in this sponsorship. This includes providing accommodating, living expenses, ensuring that the person(s) being sponsored abides by the conditions of the visa and ensuring that the sponsored person(s) departs the Solomon Islands before the expiry of their visa.

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 subsequently 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

Full Name

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....

Are you a Solomon Islands citizen: ☐ No ☐ Yes (please provide evidence)

Are you the holder of a Solomon Islands visa: ☐ No ☐ Yes (please provide details of the visa)

Class of visa

Expiry date

...../...../20....

Address in the Solomon Islands:

Please list all the persons currently residing in your home:

Name

Date of Birth

Relationship

...../...../.....

...../...../.....

...../...../.....
...../...../.....
...../...../.....
...../...../.....

Are you the supporting sponsor for anybody else currently in the Solomon Islands: ☐ No ☐ Yes (give details):

Name	Date of Birth	Relationship
...../...../.....
...../...../.....

Have you previously been a sponsor for dependant: ☐ No ☐ Yes (give details):

Name	Period of sponsorship
.....
.....

Sponsored person's details

Full Name

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....

Relationship to sponsor: ☐ Spouse ☐ Child under 18 ☐ Other (please specify)

Please list additional persons to be covered by this sponsorship:

Name	Date of Birth	Relationship
...../...../.....
...../...../.....
...../...../.....

Declarations:

1. I, as sponsor to the person(s) listed above, do hereby declare that I will ensure that the sponsored person(s) has adequate accommodation and living expenses for the duration of their extended stay, that they will abide by all the conditions of their visa and depart the Solomon Islands prior to the expiry of their extended stay visitor visa; and
2. I declare that the information provided in this sponsorship form is true and correct.

...../...../20.....
Signature of Sponsor	Date

FOR OFFICIAL USE ONLY

Date and Time Received:/...../20.... ..

Received from:

Received by:

Records check undertaken: ☐ Yes Date/...../20.... Signature:

Previously abided by conditions of sponsorship: ☐ Yes ☐ No

Able to provide accommodation: ☐ Yes ☐ No

Able to provide financial support to all persons included in the sponsorship ☐ Yes ☐ No

Decision: ☐ Accept ☐ Declined (for the following reasons):

.....
.....
.....
.....

Additional remarks

.....

Officers signature

...../...../20....

Date