

SCHEDULE TWO



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

**APPLICATION FOR AN EXTENDED STAY VISITOR VISA**

**Form 2** (Regulation 17)

**NOTE:** This application attracts a fee of SBD\$1,000 that must be paid to the Ministry of Finance and the Receipt attached to the application before the application will be accepted and processed.

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.

Attach  
Photograph  
Here

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: .....      Date and Place of Entry: ...../...../20....,

Reason for the visa: ☐ Continue holiday ☐ Continue visiting family/ friends

Address while in the Solomon Islands: .....

Please state the compelling special circumstances that warrant the grant of this visa: .....

How long do you intend to stay in the Solomon Islands:      Months .....      Days .....

(**Note:** For the purpose of section 22(c) of the Migration Act 2012 the maximum continuous stay in the Solomon Islands for a visitor is 12 months, if there is an approved sponsor, otherwise it is 6 months.)

Date of your flight or vessel's departure from the Solomon Islands: ...../...../20....

(**Note:** evidence of your onward journey will have to accompany this application)

How will you finance your extended stay: ☐ Own Finances (please provide evidence) ☐ Sponsor (please give sponsor's

details and evidence of the lodgment of the required bond if the period of stay exceeds 6 months: .....)

Have you ever been convicted of a criminal offence, refused entry, deported or required to depart any country: ☐ Yes ☐ No

If Yes please provide details: .....

Have you been diagnosed or treated for a public health risk such as tuberculosis in the past twelve months: ☐ Yes ☐ No

If Yes please provide details: .....

I declare that the information provided in this application is true and correct.

.....  
Signature of Applicant

...../...../20....  
Date