

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

## APPLICATION FOR A BUSINESS VISA

Form 3 (Regulation 21)

**NOTE:** This application attracts a fee of SBD\$1,000 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.

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:	Place of Issue:					
Date of Issue:/20	Date of Expiry:	.//20				
Do you have any minor dependent	s included in your passport travelling w	ith you:	No	details):		
Name	Date	e of Birth	Relationship			
		./				
		./				
Address while in the Solomon Isla	nds:					
Reason for the visa: ☐ Business	☐ Conference ☐	Date of Arrival	in the Solomon Islands	//20		
Do you have any relatives, contact	s or friends in the Solomon Islands:	l No □ Ye	s (please provide details):			
Name	Relationship	Address				
	22(c) of the Migration Act 2012 the stay of the Act a holder of a business visa is of	in the Solomo	on Islands for a business vi			
• •	arture from the Solomon Islands:/. burney will have to accompany this app					
How will you finance your stay:	☐ Own Finances (please provide evide	ence) $\square$ 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	phibited 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			