

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

## APPLICATION FOR A SHORT-TERM EMPLOYMENT VISA

Form 4 (Regulation 26)

**NOTE:** This application must be submitted accompanied by a sponsorship form completed by the sponsor.

If the information provided in this application is subsequently found to be false and misleading then the applicant and/or 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 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:	I	Place of Issue:			
Date of Issue:/20	-	Date of Expiry:	.//20		
Address while in the Solomon Isla	ands:				
Date of Arrival in the Solomon Isl	ands/20.	••••			
Do you have any relatives, contac	ts or friends in the S	olomon Islands:	No □ Yes	(please provide details):	
Name	Rel	ationship		Address	
Sponsor's Details:					
What skills do you hold that enable	•			•	
How long do you intend to stay in					
( <b>Note:</b> For the purpose of section visa is 6 weeks. For the purposes of in the Solomon Islands for a comb	22(c) of the Migration of section 22(d) of the	on Act 2012 the stay he Act a holder of a s	in the Solomon short-term emp	n Islands for a short-term o	
Date of your flight or vessel's dep ( <b>Note:</b> Evidence of your onward j					
How will you finance your stay:	☐ Own Finances (1	olease provide evide	nce) 🗆 Spor	asor	
Have you previously travelled to t	he Solomon Islands:	□No □Yes	(please provid	e details of last two visits)	

Date of Arrival	Date of Departure	Purpose of Trip		
/	/			
/	/			
Have you ever been convicted	of a criminal offence,	refused entry, deported or required to depart any country:	□ No	□ Yes
If Yes please provide details:				
Have you been diagnosed or tre	eated for a public healt	th risk such as tuberculosis:	□ No	□Yes
If Yes please provide details:				
NOTE: The visa holder must new application accompanied		sa holder's approved sponsor. If the holder wishes to chosorship form is required.	ange spo	nsors, a
I declare that the information p	rovided in this applica	tion is true and correct.		
	of Applicant	// Date	/20	
	FO	OR OFFICAL USE ONLY		
Date and Time Received:	//20			
Received from:			•••••	
Received by:				
Records check undertaken:	Yes Date	.//20 Signature:		
Sponsorship acceptable:	☐ Yes Date appro	oved by Director/20		
Qualifications appropriate for t	he tasks required:	Yes		
Decision:	☐ Declined (for the	e following reasons):		
Visa Details:				
Date of Issue:/20	Valid to:/	/20 orDays		
Additional remarks				
		/20		

Officers signature Date