



SCHEDULE SEVEN

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

**APPLICATION FOR AN ESTABLISHED INVESTOR VISA**

**Form 7** (Regulation 42)

Attach  
Photograph  
Here

**NOTE:** This application attracts a fee of SBD\$400. 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. A further fee of SBD\$1,900 applies to the granting of the visa and liability to pay this fee will be notified to applicants if their application is successful. Again this must be paid to the Ministry of Finance and no visa will be issued until evidence of this fee is provided.

To be eligible to apply for this visa the applicant must be the holder of a provisional investor visa or an established investor visa.

Evidence of registration of the activity under the Foreign Investment Act 2005 and the ongoing management of the activity by the applicant must accompany this application.

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.

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....

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

Describe the investment activity being undertaken in the Solomon Islands: .....

.....

.....

Are you employing Solomon Island citizens: ☐ No ☐ Yes (how many do you employ .....

Is the investment activity involved in generating exports for the Solomon Islands: ☐ No ☐ Yes

Describe your role in this investment activity: .....

.....

.....

Are you still a Director of the company involved in the investment activity: ☐ No ☐ Yes

Does anybody else hold either a provisional investor visa or established investor visa in relation to the proposed investment activity:

☐ No ☐ Yes (please provide details: .....

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

(Note: For the purpose of section 22(c) of the Migration Act 2012 the stay in the Solomon Islands for a established investor visa is 5 years.)

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 treated for a public health risk such as tuberculosis: ☐ No ☐ Yes

If Yes please provide details: .....

**NOTE: The visa holder must only work in the Solomon Islands in the approved activity registered under the Foreign Investment Act 2005 relating to the grant of this visa. If the visa holder wishes to change the investment activity, they must register the activity under the Foreign Investment Act 2005 and meet the immigration requirements as they relate to the new activity, including that the new activity must be providing ongoing employment to Solomon Island citizens and generating significant export activity for the Solomon Islands.**

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

...../...../20....  
Signature of Applicant Date

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#### FOR OFFICAL USE ONLY

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

Received from: .....

Received by: .....

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

Evidence of Registration under the Foreign Investment Act 2005: ☐ Yes

Is there any other holder of a provisional investor visa or established investor visa in relation to the proposed investment activity:

☐ No ☐ Yes (who is that person .....) )

Decision:

☐ Accept ☐ Declined (for the following reasons):

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.....  
.....

Visa Details: Date of Issue: ...../...../20.... Valid to: ...../...../20.... or Years ..... Months ..... Days .....

Additional remarks

...../...../20....  
Officers signature Date



SCHEDULE EIGHT

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

APPLICATION FOR A FAMILY RELATIONSHIP VISA

Form 8 (Regulation 46)

**NOTE:** This application attracts a fee of SBD\$500. 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. A further fee of SBD\$1,000 applies to the granting of the visa and liability to pay this fee will be notified to applicants if their application is successful. Again this must be paid to the Ministry of Finance and no visa will be issued until evidence of this fee is provided.

Attach  
Photograph  
Here

If the applicant is the holder of a visitor visa or business visa and is applying to convert this to a family relationship visa, an additional fee of SBD\$1,000 applies.

To be eligible for a family relationship visa the applicant must be either the spouse or child of the sponsor. To be eligible for the grant of the family relationship visa (child), the applicant must be under the age of 18 at the time of the application and their entry must not breach the rights of any other person entitled to lawful custody of the applicant.

The application must be accompanied by evidence of the stated relationship (marriage certificate, birth certificate or certificate of adoption) and a completed sponsorship form.

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.

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....

Who is your sponsor:

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

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

Date of Arrival in the Solomon Islands ...../...../20.....

Do you have any other relatives, contacts or friends in the Solomon Islands: ☐ No ☐ Yes (please provide details):

Name	Relationship	Address
.....	.....	.....
.....	.....	.....

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

(Note: For the purpose of section 22(c) of the Migration Act 2012 the stay in the Solomon Islands for a family relationship visa is up to a maximum of 3 years.)

Have you previously travelled to the Solomon Islands: ☐ No ☐ Yes (please provide details of last two visits):

Date of Arrival

Date of Departure

Purpose of Trip

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

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

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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 treated for a public health risk such as tuberculosis: ☐ No ☐ Yes

If Yes please provide details: .....

**NOTE: Employment is prohibited under this visa** unless a work permit is granted under the Labour Act.

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

.....

Signature of Applicant

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

Date

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#### FOR OFFICAL USE ONLY

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

Received from: .....

Received by: .....

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

Evidence of relationship sighted: ☐ Yes Date ...../...../20.... Signature: .....

Sponsorship attached: ☐ Yes Date approved by Director ...../...../20....

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

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Visa Details: Date of Issue: ...../...../20.... Valid to: ...../...../20....

Additional remarks

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Officers signature

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

Date



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

## APPLICATION FOR A FOREIGN NATIONAL DEPENDANT VISA

**Form 9** (Regulation 51)

**NOTE:** This application attracts a fee of SBD\$500. 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. A further fee of SBD\$1,000 applies to the granting of the visa and liability to pay this fee will be notified to the applicant if their application is successful. Again this must be paid to the Ministry of Finance and no visa will be issued until evidence of this fee is provided.

Attach  
Photograph  
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To be eligible for a foreign national dependant visa the applicant must be either the spouse or child of a foreign national lawfully in the Solomon Islands on their own visa who can act as a sponsor. To be eligible for the grant of the foreign national dependant visa (child), the applicant must be under the age of 18 at the time of the application and their entry must not breach the rights of any other person entitled to lawful custody of the applicant.

The application must be accompanied by evidence of the stated relationship (marriage certificate, birth certificate or certificate of adoption) and a completed sponsorship form.

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.

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....

Who is your sponsor:

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

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

Date of Arrival in the Solomon Islands ...../...../20.....

Do you have any other relatives, contacts or friends in the Solomon Islands: ☐ No ☐ Yes (please provide details):

Name	Relationship	Address
.....	.....	.....
.....	.....	.....

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

**(Note:** For the purpose of section 22(c) of the Migration Act 2012 the stay in the Solomon Islands for a foreign national dependant visa is valid up to the last day of the period of stay for the visa held by the visa holder's sponsor.)

Have you previously travelled to the Solomon Islands: ☐ No ☐ Yes (please provide details of last two visits):

Date of Arrival

Date of Departure

Purpose of Trip

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

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

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

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

.....

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 treated for a public health risk such as tuberculosis: ☐ No ☐ Yes

If Yes please provide details: .....

**NOTE: Employment is prohibited under this visa** unless a work permit is granted under the Labour Act.

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

.....

Signature of Applicant

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

Date

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#### FOR OFFICAL USE ONLY

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

Received from: .....

Received by: .....

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

Evidence of relationship sighted: ☐ Yes Date ...../...../20.... Signature: .....

Sponsorship attached: ☐ Yes Date approved by Director ...../...../20....

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

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Visa Details: Date of Issue: ...../...../20.... Valid to: ...../...../20....

Additional remarks

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Officers signature

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

Date



SCHEDULE TEN

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

APPLICATION FOR A STUDENT VISA

Form 10 (Regulation 56)

**NOTE:** This application attracts a fee of SBD\$400 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. A fee of SBD\$200 applies to applications made outside the Solomon Islands.

Attach  
Photograph  
Here

If the applicant is under the age of 18, evidence of appropriate care arrangements must be provided along with evidence that their entry will not breach the rights of any other person entitled to lawful custody of the applicant.

Applications must be accompanied by a completed Student Nomination Form duly completed by the educational institution.

If the information provided in this application is subsequently found to be false and misleading then the applicant and/or the educational institution 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.

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.....

Date of Arrival in the Solomon Islands ...../...../20.....

Do you have any relatives, contacts or friends in the Solomon Islands: ☐ No ☐ Yes (please provide details):

Name	Relationship	Address
.....	.....	.....
.....	.....	.....

Please provide the following details about the educational institution that you will be attending:

Name of the institution: .....

Address of the institution: .....

Course you are proposing to study: .....

Duration of the course: Years ..... Months ..... Days ....., or completion on following date ...../...../20.....

(Note: For the purpose of section 22(c) of the Migration Act 2012 the stay in the Solomon Islands for a student visa will be a period not more than one month longer than the expected duration of the course.)

What certificate/qualification will be obtained at the end of the course: .....

Educational background (where appropriate your previous primary and secondary schooling, tertiary courses and trade training):

Educational institution	Course	Dates attended
.....	.....	...../...../.....
.....	.....	...../...../.....
.....	.....	...../...../.....
.....	.....	...../...../.....

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

How will you finance your stay: ☐ Own Finances (please provide evidence) ☐ Other (please give details):

Name	Relationship	Address
.....	.....	.....

If under the age of 18, please provide details of the person who will be responsible for your welfare whilst in the Solomon Islands:

Name	Relationship	Address
.....	.....	.....

Have you previously travelled to the Solomon Islands: ☐ No ☐ Yes (please provide 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 treated for a public health risk such as tuberculosis: ☐ No ☐ Yes

If Yes please provide details: .....

**NOTE: Employment is prohibited under this visa.**

**Holders of a student visa must only participate in the course approved in the Student Nomination Form. If they wish to change courses or progress to a new level of educational institution (for example from secondary school to university), a new Student Nomination Form and application is required.**

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

.....	...../...../20.....
Signature of Applicant	Date



**FOR OFFICIAL USE ONLY**

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

Received from: .....

Received by: .....

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

Evidence of appropriate care arrangements for applicants under 18 sighted: ☐ Yes Date ...../...../20....

Signature: .....

Student Nomination Form attached: ☐ Yes Date approved ...../...../20....

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

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Visa Details:

Date of Issue: ...../...../20.... Valid to: ...../...../20.... or .....Days ☐ ☐

Additional remarks

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Officers signature

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

Date



SCHEDULE ELEVEN

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

APPLICATION FOR A SPECIAL PURPOSE VISA

Form 11 (Regulation 61)

**NOTE:** This application attracts a fee of SBD\$300. 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.

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Photograph  
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The special purpose visa application is to be completed by applicants wishing to enter or remain in the Solomon Islands as a **volunteer, researcher** or under an **exchange** program. **Note: a person cannot be a volunteer if they are a full-time employee of a church or NGO based in the Solomon Islands, persons wanting to remain in the Solomon Islands to undertake work for either of these groups must apply for a form of employment visa.**

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.

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 dependents travelling with you: ☐ No ☐ Yes (please give details):

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

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

Reason for the visa: ☐ Volunteer ☐ Research ☐ Exchange ☐ Other (please specify .....)

Are you the subject of an approved sponsorship (**required for a volunteer**): ☐ No ☐ Yes (provide evidence)

**Note: Volunteers can only work for the approved sponsor. To undertake any other work, either remunerated or not, the person must submit a new application form accompanied by a sponsorship for consideration.**

Do you hold a research permit granted under the Research Act (**required by researchers**): ☐ No ☐ Yes (provide evidence)

**Note: Researchers can only work on research for which the visa was granted and continue to hold a research permit under the Research Act. If the researcher wishes to change research activities, they are required to lodge a new application with a research permit under the Research Act appropriate for the new research.**

Are you subject of an exchange program arrangement (**required by persons on exchange**): ☐ No ☐ Yes (provide evidence)

**Note: Persons on exchange can only work in the area relating to the exchange program for which the visa was granted and must continue in the exchange program. Any changes will require the person to lodge a new application with details of the new approved exchange arrangements.**

How does your presence in the Solomon Islands impact on the development opportunities of the Solomon Islands Government:

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.....

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Date of Arrival in the Solomon Islands ...../...../20.....

Do you have any relatives, contacts or friends in the Solomon Islands: ☐ No ☐ Yes (please provide details):

Name	Relationship	Address
.....	.....	.....
.....	.....	.....

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

How will you finance your stay: ☐ Own Finances (please provide evidence) ☐ Sponsor (please give details):

Organisation or Person	Address
.....	.....

Have you previously travelled to the Solomon Islands: ☐ No ☐ Yes (please provide 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 treated for a public health risk such as tuberculosis: ☐ No ☐ Yes

If Yes please provide details: .....

**NOTE: Employment is prohibited for dependants under this visa**

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

.....	...../...../20....
Signature of Applicant	Date

**FOR OFFICAL USE ONLY**

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

Received from: .....

Received by: .....

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

Sponsorship attached:                      ☐ Not required    ☐ Yes                      Date approved by Director ...../...../20....

Research permit attached:                      ☐ Not required    ☐ Yes

Exchange program details attached:                      ☐ Not required    ☐ Yes

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

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

Visa Details:

Date of Issue: ...../...../20....      Valid to: ...../...../20.... or Years ..... Months ..... Days .....

Class:    ☐ Volunteer        ☐ Research        ☐ Exchange        ☐ Other

Entry:    ☐ Single            ☐ Multiple

Additional remarks

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Officers signature

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

Date



SCHEDULE THIRTEEN

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

APPLICATION FOR A TRAFFICKED PERSON PROTECTION VISA

Form 13 (Regulation 69)

**NOTE:** Applicants for a trafficked person protection visa have been determined in writing by either the Director of Immigration or the Commissioner of Police to be a victim of people trafficking. A copy of such determination is to be affixed to the application.

Attach  
Photograph  
Here

This application does not permit travel to the Solomon Islands.

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....

When and where did you enter the Solomon Islands: ...../...../....., .....

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

Do you have any relatives, contacts or friends in the Solomon Islands: ☐ No ☐ Yes (please provide details):

Name	Relationship	Address
.....	.....	.....
.....	.....	.....

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

...../...../20....  
Signature of Applicant Date

FOR OFFICIAL USE ONLY

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

Visa Details: Date of Issue: ...../...../20.... Valid to: ...../...../20....

...../...../20....  
Officers signature Date



SCHEDULE FOURTEEN

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

APPLICATION FOR A PROTECTED PERSON RE-ENTRY VISA

Form 14 (Regulation 72)

Attach  
Photograph  
Here

Full Name (as shown in passport):

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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....

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

.....

What type of Solomon Islands visa do you currently hold: ☐ Refugee Protection ☐ Trafficked Person Protection

What is the purpose of your trip: .....

.....

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

.....

Signature of Applicant

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

Date

FOR OFFICIAL USE ONLY

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

Applicant still meets the requirements for the visa they currently hold: ☐ Yes

Visa Details: Date of Issue: ...../...../20.... Valid to: ...../...../20....

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Officers signature

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

Date

