



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\$700. 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\$1,500 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\$1,500 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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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.

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Signature of Applicant

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

Date

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