

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\$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 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 Here

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 Ma	arried Married	☐ Divorced/Separated	☐ Widowed
Date of Birth:/	Place of Birth:			
Nationality:	Occupation:			
Passport Number:	Place of Issue	e:		
Date of Issue:/20	Date of Expir	ry:/20		
Who is your sponsor:				
Name		Date of Birth	Relatio nship	
		/		
Address while in the Solomon Island	ds:			
Date of Arrival in the Solomon Islan	nds/20			
Do you have any other relatives, cor	ntacts or friends in the Solomor	ı İslands: 🗆 No	☐ Yes (please provide deta	ils):
Name	Relationship		Address	
How long do you intend to stay in th	ne 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 Isla	ands: \square No \square Yes (please provide details of last two vis	its):			
Date of Arrival Date of Departure	e Purpose of Trip				
/					
//					
Have you ever been convicted of a criminal offend	ce, 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 h	ealth 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 app	lication is true and correct.				
Signature of Applicant	/////	20			
	FOR OFFICAL USE ONLY				
•	te/20 Signature:				
_	ate//20 Signature:				
<u>_</u>	te approved by Director/20				
•	(for the following reasons):				
becision. Necept Becinica	(tot the following reasons).				
Visa Details: Date of Issue:/.	/20 Valid to:/20				
Additional remarks					
	/20				

Date

Officers signature