

REPUBLIC OF KIRIBATI



VISA APPLICATION FORM TO ENTER KIRIBATI

[Made Under Sect. 20 of Passport VISA REGULATION 2 (2)]

NAME IN FULL _____
SURNAME _____

GIVEN AND MIDDLE NAME _____

OTHER NAMES USED, IF ANY _____

SEX _____ MARITAL STATUS: MARRIED SINGLE

NATIONALITY OR CITIZENSHIP _____

DATE OF BIRTH: DAY _____ MONTH _____ YEAR _____

PLACE OF BIRTH: CITY _____ STATE/PROVINCE _____ COUNTRY _____

PASSPORT NUMBER _____ DIPLOMAT OFFICIAL ORDINARY

DATE PASSPORT ISSUED: DAY _____ MONTH _____ YEAR _____

PASSPORT ISSUED AT: CITY _____ COUNTRY _____

DATE PASSPORT EXPIRES: DAY _____ MONTH _____ YEAR _____

HOME ADDRESS _____

CITY

STATE

ZIP CODE

HOME TELEPHONE NUMBER _____

NAME AND ADDRESS OF FIRM OR ORGANIZATION _____

BUSINESS TELEPHONE NUMBER _____

PRESENT PROFESSION OR OCCUPATION _____

PRINCIPAL FORMER POSITIONS _____

PURPOSE OF JOURNEY TO KIRIBATI _____

LENGTH OF STAY IN KIRIBATI _____

ROUTE OF PRESENT JOURNEY _____

PROBABLE DATE OF ENTRY _____

ADDRESS OF HOTELS OR NAMES OF PERSONS WITH WHOM APPLICANT INTENDS TO STAY _____

DATE AND DURATION OF PREVIOUS STAYS IN KIRIBATI _____

GUARANTOR OR REFERENCE IN KIRIBATI: NAME _____

ADDRESS _____ TEL. NO. _____

I HEREBY DECLARE THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT. Also, I understand that immigration status and period of stay to be granted are decided by the Immigration Authorities in Kiribati upon my arrival.

DATE: _____ SIGNATURE OF APPLICANT _____