

REPUBLIC OF KIRIBATI



VISA FEE: US\$25
 Payable to:
 Consulate 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 _____ 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: _____