

## **GOVERNMENT OF THE FIJI ISLANDS**

### **IMMIGRATION DEPARTMENT**

#### **Photographs**

Attach two copies of a recent passport-sized photograph for each applicant. The reverse of each should be certified by an adult as being a correct likeness.

## **APPLICATION FOR A PERMIT TO WORK**

### **IMPORTANT NOTES**

#### **PLEASE READ THESE NOTES BEFORE COMPLETING THE FORM**

1. This form must be completed fully. We are under no obligation to request further information from you. Your application will be considered on the basis of the information submitted at the time of lodgement.
2. One form should be completed by each applicant. However, where a family is applying for permits at the same time as the principal applicant, the other spouse and their children under 21 years of age may be included on the same form. The only occasion where children under 21 years complete a separate form is when they enter the Fiji Islands separately from the family and their permits were not applied for at the same time.
3. Where proof of qualifications and financial status are required, attested copies may be submitted but the Department reserves the right to call for original documents.
4. Appropriate fees, which are not refundable, must be submitted with the application.
5. Permits are normally issued for a period not greater than 3 years in the first instance.
6. Dates should be shown in the form: Day/Month/Year, e.g. 28/09/2001.
7. Copies of marriage certificate (if appropriate) should be attached with all children's' birth certificates if permits are required for them.
8. Police Reports in respect of the applicant and his/her spouse from their countries of citizenship or residency must be submitted if they have lived there for 12 months or more in the last 10 years. Police report(s) is also required in respect of any child intending to enter a tertiary institution in the Fiji Islands.
9. Medical reports, which are less than 3 months old, must be submitted by the applicant and members of his/her family who are applying for permits. The Department's medical report form must be used for this purpose.

**Please send the application with all the documents and fees to:**

**The Director  
Immigration Department  
Civic Towers  
Victoria Parade  
P.O.Box 2224  
Government Buildings  
Suva, Fiji Islands**

**PART I: PERSONAL DETAILS OF THE APPLICANT**

1. Name as shown on the passport:

Surname/family name	Given names

2. Preferred title: Mr  Mrs  Ms  Miss  Other

3. Gender: Male  Female

4. Date of Birth:

day	month	year

5. Nationality:

6. Passport Number:

7. Addresses:

Permanent Residential Address	Postal Address

8. Marital status: Please tick box.

Married  Never married  De-facto partnership  Separated   
Engaged  Widowed  Divorced

9. If in a relationship, give details of spouse/partner and all children under the age of 21 years who are applying for permits:

Full names (surname first)	Date of birth	Country of birth	Sex	Relationship

10. If you are already in the Fiji Islands, please prove the following information:

Date of Entry	Port of Entry	Type of Permit	Permit Expiry Date

11. Have you previously spent any time in Fiji? YES  NO.  If yes, please provide the following information:

From	To	Type of Permit Held	From	To	Type of Permit Held

12. Residential addresses of the applicant and spouse where they lived for 12 months or more in the last 10 years:

Applicant	Spouse
Dates: Address:	Dates: Address:
Dates: Address:	Dates: Address:
Dates: Address:	Dates: Address:

13. Have you ever been convicted of a criminal offence? YES  NO.  If yes, give details:

Date	Offence	Sentence

14. Intended residential and postal addresses in the Fiji Islands:

Residential	Postal

**PART II: TO BE COMPLETED BY THE EMPLOYER**

**15. Name of Employer:**

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**16. Address of Employer:**


**17. Nature of Business:**


**18. Position of Employee:**

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**19. Duties of this position:**


(attach a signed contract of employment)

**20. Number of persons employed/to be employed and their positions in the organisation:**

Number of local employees	Positions	Number of expatriate employees	Positions

**21. Is this a new position? Yes  No  If no, please provide details of who has been doing the work of this position until now.**


**22. What qualifications and experience are required for the position?**


**23. What qualifications does the applicant have?**


*If English is not the applicant's 'mother' tongue, please provide evidence that he/she has adequate knowledge of the English language, e.g. an English Course Certificate.*

24. Give reasons why this position cannot be filled by a citizen of the Fiji Islands:


25. This position needs to be advertised, therefore please attach copies of all advertisements in the Fiji Islands for the vacancy:

Newspaper	Issue Date	Number of Applicants	Result

26. Give reasons why the local applicants were not suitable:


27. What type of training does the organisation intend to do to fill this position by a local person?


*(attach a copy of the training plan/programme)*

28. Give the name(s) and position(s) of the person(s) to be trained:

Names	Positions

**PART III: TO BE COMPLETED IF THE APPLICANT IS AN INVESTOR.**

**29. Name of business:**

**30. Name of the shareholders in the business:**

<b>Name(s)</b>	<b>Shareholding (%)</b>	<b>Monetary Value (F\$)</b>

**31. The date on which Fiji Islands Trade and Investment Bureau (FTIB) granted the Foreign Investment Certificate (FIC) :**

*(Attach a copy of the FTIB and FIC)*

**32. Date of commencement of business:**

**PART IV: EMPLOYEE'S DECLARATION**

- 1. I agree to comply with the terms and conditions stated in the permit to work
- 2. I realise that I shall not be able to undertake employment in the Fiji Islands unless I first secure an appropriate permit to work from the Director of Immigration.
- 3. I certify that all information on this application is true to the best of my knowledge and belief.

Signature of Applicant: ..... Signature of Adult Witness: .....

Name of Full :.....

Address: .....

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Date: ..... Date: .....

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**PART V: EMPLOYER'S DECLARATION**

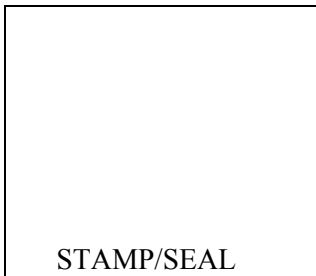
- 1. We agree to comply with all the requirements in this form and to submit all the Documents requested, therein.
- 2. We agree to comply fully with the terms and conditions of the permit to employ that may be issued as a result of this application.
- 3. We fully indemnify the Government of the Fiji Islands against any expense in connection with the presence in or removal from the Fiji Islands of (employee's name) ..... and all members of his/her family who may be issued with permits by virtue of their relationship to the applicant.
- 4. We will provide an Immigration Security Bond in respect of the repatriation of this employee and his/her family from the Fiji Islands when the permits are approved.
- 5. We certify that all the above information is true to the best of our knowledge and belief.

Signed:..... Date: .....

Name in Full: .....

Position in Organisation: .....

Company Stamp/Seal:



**PART VI:** (Tick the appropriate box)

	<b>YES</b>	<b>NO</b>
1. Completed and signed application form	<input type="checkbox"/>	<input type="checkbox"/>
2. Application Fee	<input type="checkbox"/>	<input type="checkbox"/>
3. Police report(s) of principal applicant (see Note 8)	<input type="checkbox"/>	<input type="checkbox"/>
4. Police report(s) of spouse (see Note 8)	<input type="checkbox"/>	<input type="checkbox"/>
5. Police report(s) of children “if applicable” (see Note 8)	<input type="checkbox"/>	<input type="checkbox"/>
6. Medical report of principal applicant (see Note 9)	<input type="checkbox"/>	<input type="checkbox"/>
7. Medical report of spouse (see Note 9)	<input type="checkbox"/>	<input type="checkbox"/>
8. Medical report of children (see Note 9)	<input type="checkbox"/>	<input type="checkbox"/>
9. Evidence of knowledge of the English language	<input type="checkbox"/>	<input type="checkbox"/>
10. Advertisement	<input type="checkbox"/>	<input type="checkbox"/>
11. Name(s) of local understudy/counterpart	<input type="checkbox"/>	<input type="checkbox"/>
12. Training Plan I Programme	<input type="checkbox"/>	<input type="checkbox"/>
13. Contract of Employment	<input type="checkbox"/>	<input type="checkbox"/>
14. Analysis of the applications received	<input type="checkbox"/>	<input type="checkbox"/>
15. Copy of FTIB approval and Foreign Investment Certificate (FIC) (see Part III Section 31)	<input type="checkbox"/>	<input type="checkbox"/>

**PART VII : POLICE REPORT**

*(Section A of this part should be completed by the applicant and forwarded to the police in his country of domicile)*

**SECTION A**

Name: .....

Date of birth: ..... Place of birth: .....

Nationality: ..... Occupation: .....

Marital Status: ..... Passport No: ..... Date and place of issue .....

Present Address:

Addresses of places where I have resided for 12 months or more in the last ten years: (If additional space is required please use a separate sheet of paper).

1.		2.	
From	To	From	To

1.		2.	
From	To	From	To

1.		2.	
From	To	From	To

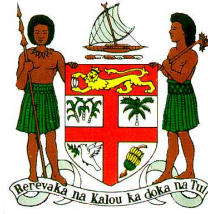
1.		2.	
From	To	From	To

**SECTION B**

I hereby authorize the Police to carry out my record check and forward the report to the Director of Immigration, P. O. Box 2224, Government Buildings, Suva, Fiji Islands.

Date:

Signature of the applicant:



**GOVERNMENT OF THE FIJI ISLANDS**  
**IMMIGRATION DEPARTMENT**

**MEDICAL REPORT FORM**

**Photographs**

Attach two copies of a recent passport-sized photograph for each applicant. The reverse of each should be certified by an adult as being a correct likeness.

**IMPORTANT NOTES**

1. This medical certificate form must be completed in English by a Registered Medical Practitioner for each person applying to stay in the Fiji Islands for more than 6 months.
2. This certificate must be under 3 months old at the time of lodgement.
3. Each applicant must produce evidence of identification, such as passport, to the Medical Examiner.
4. Fees for the medical examination are payable by the applicant or their sponsor.

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**PART VIII. PERSONAL DETAILS OF THE APPLICANT**

1. Name(s) as shown in the passport:

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(Surname)

(Given names)

2. Full residential address:

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3. Gender: Male  Female

4. Date of birth:

--	--	--

day

month

year

5. Nationality as on passport:

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6. Passport number:

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7. Give reasons why you need to do this medical examination:


**SECTION A: APPLICANT'S MEDICAL RECORDS**

1. Has the applicant ever been hospitalised or undergone surgery of any kind: Yes  No
2. Has the applicant ever been refused employment, insurance, military service or entry to another Country on medical grounds: Yes  No
3. Does the applicant have any history of dependency on drugs, alcohol or other controlled substances: Yes  No
4. Has the applicant or any member of his/her family ever suffered from any mental disorder, fits or epilepsy: Yes  No
5. Has the applicant ever suffered from the HIV/AIDS syndrome or any other sexually transmitted disease: Yes  No

If Yes to any of the above, please give details and dates:


**SECTION B: EXAMINATION RESULTS**

1. Heart:  

2. Lungs:  

3. Kidney:  

4. Liver:  

5. HIV and STD Tests:  

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6. X-ray:  

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7. Other observations found not normal e.g. diabetic, high blood pressure, pregnancy, etc.  

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**PART IX: APPLICANT'S DECLARATION**

1. I declare that the details given by me on this form to the medical examiner are true and correct in respect.
2. I agree that I will undergo, at my expense, any further medical examinations that may be required by the Immigration Department.
3. I authorize that the medical examiner who completes this form to release to Immigration Department, or its medical consultants, any information acquired with regard to this examination.

SIGNATURE OF APPLICANT:

SIGNATURE OF EXAMINER AS WITNESS:

.....

.....

DATE: .....

DATE: .....

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**PART X : MEDICAL EXAMINER'S DECLARATION**

1. I have confirmed the identity of the applicant from his/her passport, identification papers and appearance.
2. I am satisfied that the particulars submitted by the applicant are true and correct.
3. The statements made by me in answer to all questions in this form are true to the best of my knowledge and belief.
4. I agree that all the information contained in this form is for the use of the Immigration Department and/or its medical consultants and shall not be released to anyone else.
5. I certify that the applicant is medically fit/not medically fit to work/reside/study in Fiji.

SIGNATURE OF MEDICAL EXAMINER: .....

DATE: .....

COMPANY STAMP/SEAL:

