

PASSPORT RENEWAL CHECKLIST

- ☐ **Passport form completed** – all sections including signature and left thumbprint. Children over 10yrs of age can sign or print their name.
- ☐ **2x Passport photos** - Certified by Witness, they must have a business card to attach or stamp.
- ☐ **Section 18** - must be completed by the same witness who signed the photos (Witness can be work manager, family doctor, JP or someone that you may know) they must have a business card to attach or stamp.
- ☐ **Fiji passport** - valid or expired
- ☐ **Prepaid courier bag with tracking sticker** – for the return of the new Fiji passport
- ☐ **Certified copy of birth/marriage/divorce certificate** – (if necessary) name change
- ☐ **Payment** - Bank Cheque to ***“FIJI HIGH COMMISSION”*** or CASH

	FEE	PROCESSING TIME
STANDARD	\$110.00	4 – 6 WEEKS
URGENT	\$265.00	2 – 3 WEEKS

Please courier post the application along with the above completed to 31 Pipitea St, Thorndon, Wellington, 6011.

IMPORTANT NOTICE

- ALL APPLICANTS WHO HAVE NZ CITIZENSHIP AFTER 10TH APRIL 2009 MUST ATTACH CERTIFIED COPIES OF NZ PASSPORT & CITIZENSHIP
- ALL FEES FOR APPLICATIONS SUBMITTED TO FHC ARE **NON-REFUNDABLE** AS OF 8TH APRIL 2017.
- ALL CONSULAR APPLICATIONS ARE APPROVED BY IMMIGRATION FIJI BEFORE RESPECTIVE APPLICANTS WILL BE CONTACTED.

SERIAL NUMBER

(Official Use)

(Official Use)

GOVERNMENT OF FIJI

APPLICATION FOR A FIJI PASSPORT

It is essential to complete this form accurately.

(Please print clearly in ball point pen)

Mr:

1. Applicant's Surname: Mrs: _____
(Family Name) Miss: _____
Forenames: _____

2. Previous Names: _____

3. Full Name of Father: (surname) _____ (forenames) _____

4. Date of Birth: _____ 5. Birth Place: _____

Day / Month / Year

City / Town / Village / Country

6. Marital Status: Single ☐ Married ☐ Widowed ☐ Divorced ☐

7. Personal Height: _____ Colour of Eyes: _____ Colour of Hair: _____

8. Visible Distinguishing Marks: _____

9. Work or Occupation: _____ 10. Name of Employer: _____

11. Address of Employer: _____

12. Applicant's Full Residential Address: _____ Correspondence Address: (if different) _____

Email: _____

Phone Residence: _____

Phone Business: _____

13. (A) DOCUMENTS REQUIRED WHEN APPLYING FOR FIRST ISSUE:

(i) Birth Certificate: _____ (ii) Marriage Certificate: _____ (iii) Divorce Certificate: _____
(Full Extract) (If you are a married woman) (If you are a divorced woman)

(iv) Deed Poll Papers: _____ (v) Adoption Papers: _____ (vi) Death Certificate: _____
(If you have changed your name) (If you are an adopted child) (If widow)

(vii) FNPF/Business/Bank Card; Driving Licence or latest school report

(B) DOCUMENTS REQUIRED IF APPLYING FOR A REPLACEMENT PASSPORT

(i) If the passport is full, expired or mutilated attach passport only; or _____

(ii) If the passport is lost but still valid, attach police report, statutory declaration, certified copy of photo ID and birth certificate (full extract).

14. CERTIFICATE

I CERTIFY THAT THE ABOVE PARTICULARS ARE CORRECT, THAT I AM A CITIZEN OF FIJI AND THAT I AM NOT A CITIZEN OR NATIONAL OF ANY OTHER COUNTRY. I CERTIFY THAT I POSSESS NO PASSPORT OR TRAVEL DOCUMENT (OTHER THAN THAT ATTACHED TO THIS APPLICATION OR DECLARED LOST AS IN ATTACHED STATUTORY DECLARATION AND THAT I HAVE MADE NO OTHER APPLICATION FOR A PASSPORT OR TRAVEL DOCUMENT SINCE THE PASSPORT OR TRAVEL DOCUMENT NO. _____ WAS ISSUED TO ME.)

15. Applicant's Signature: _____ Date: _____ Place: _____

Attach original birth certificate and if applicable marriage certificate, deed poll, adoption papers together with 2 recent full face Passport Photos 3.5cm x 4.5cm colored photo of applicant. One of the photos to be certified by the Witnessing Officer viz: I certify that this photograph is a true likeness of:

Applicant's Signature

Left Thumb Print

16. IF THIS APPLICATION IS BY A PERSON UNDER 16 YEARS OF AGE, THE FOLLOWING SECTION MUST BE COMPLETED, BY EITHER PARENT OR LEGAL GUARDIAN.

I, the Parent/Legal guardian of the applicant (forenames) _____
(Surname) _____ agree to the issue of a passport valid for all countries for the applicant.
Name of Father: _____ Signature: _____
Name of Mother: _____ Signature: _____
Legal Guardian: _____ Signature: _____
Date of Signature: _____
Full Address: _____

17. Method of Collection: Personal Collection/
Post to:

18. Witness: I confirm that I have known the applicant for years
and that he/she signed the certificate (section 14) before me and he/
She fully understood its contents.

Full Name of Witness: _____

Residential Address: _____

Position Held: _____

Employer/Address: _____

Signature of Witness: _____

Date: _____

19. FOR OFFICIAL USE ONLY

VETTING OFFICER:

Name: _____

Signature: _____

Date: _____

Application lodged by: _____

APPLICATION RECORD CHECK:

CASHIER

Name: _____

Fees Paid: _____

Revenue Receipt No. _____

Signature: _____

Date: _____

VDU OPERATOR – Application Entered

Name: _____

Signature: _____

Date: _____

VDU CHECK:

Verified from the Computer Records that the Applicant
Previously held

Fiji Passport No. _____

Issued on _____ and has no

Other Foreign passport or watchlisted

PASSPORT OFFICER:

Name: _____

Signature: _____

Date: _____

VDU Operator

Date