Papua New Guinea

<table>
<thead>
<tr>
<th>Visa(s) Req’d</th>
<th># Forms</th>
<th># Photos</th>
<th>Cost 1 – Persons - 2</th>
<th>Application Deadline</th>
<th>Expedite Fee Per Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Papua New Guinea</td>
<td>1</td>
<td>1</td>
<td>$160.00 $290.00</td>
<td>(30 days prior to your departure)</td>
<td>$40.00</td>
</tr>
</tbody>
</table>

Cost per person beyond the first two is $130.00
Please use enclosed sample information verbatim and substitute your personal information.

Fees shown above include all necessary consular and service fees as well as the cost to ship your passport(s) from our offices via FedEx within the continental U.S. (Please add $30.00 to cover extra shipping costs for addresses in Alaska, Hawaii, or Canada.) We strongly suggest that you send your documents to us via FedEx or some other form of traceable overnight courier service.

Please enclose your actual passport along with one (1) photograph and one (1) completed visa application form for Papua New Guinea. Please also include one (1) Supplementary Health Form and two (2) photocopies of the vital information page of your passport. Photographs should be recently shot passport-type color photos with a clear background approximately 2” x 2” in dimension. (Note that machine or home photographs are not acceptable and photographs must be different than those in your current passport.) Your passport must be valid for a minimum of six (6) months beyond the completion of your international travel and must have at least two (2) blank unused pages available, not including those reserved for amendments and endorsements at the back of your passport. Contact PTDS directly for assistance with renewal of your U.S. passport, as this can easily be done at the same time you apply for your visas.

Applications must be received in our offices no fewer than 30 days prior to your departure from your shipping address. Documents received after the deadline will be subject to the per person expediting fee shown above. Special requests for passports to be expedited due to other travel plans prior to your tour departure may also require expediting fees. Please contact PTDS directly regarding any special processing needs or before submitting documents you expect may be received substantially after the deadline as there may be special requirements and/or additional fees to process your request. It may not be possible to cancel processing of your applications once they have been submitted.

Please note that consular fees, shipping fees and application requirements are subject to change without notice.
Check or credit card payment accepted. Credit card payment subject to 3.5% surcharge.
### Please Print Clearly

<table>
<thead>
<tr>
<th>Full Name (1):</th>
<th>Full Name (2):</th>
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<th>Passport #:</th>
<th>Exp: Mo/00/YY</th>
<th>Passport #:</th>
<th>Exp: Mo/00/YY</th>
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<thead>
<tr>
<th>Home</th>
<th>Home Tel:</th>
<th>Mailing</th>
<th>Work Tel:</th>
<th>Address:</th>
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<tr>
<th>Address:</th>
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<th>(FedEx cannot deliver to PO boxes) Date of Departure from Home: Month/Day/Year</th>
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<tr>
<th>Address:</th>
<th>For the</th>
<th>Return of</th>
<th>Tour Name: Highlands of Papua New Guinea</th>
<th>Date of Tour Departure: Month/Day/Year</th>
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<tr>
<th>Passport:</th>
<th>Tel:</th>
<th>Special Instructions:</th>
</tr>
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</tbody>
</table>

Please indicate below if there are known periods prior to your tour during which you will need your passport for another international trip or when you will not be available to sign for the return of your passport.

| I will need my passport(s) for other international travel from Month/Day/Year to Month/Day/Year |
| I will not be at my home and/or return shipping address from Month/Day/Year to Month/Day/Year |

### Credit Card Authorization:

- AMEX / VISA / MC (please circle one)

<table>
<thead>
<tr>
<th>Cardholder Name:</th>
<th>Signature:</th>
<th>Billing Zip Code:</th>
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<tr>
<th>Card #: CID#</th>
<th>Expires: Mo/00/YY</th>
<th>Amount: US$</th>
</tr>
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<td></td>
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</tbody>
</table>

TRAVCOA PJ HPNG (PNG55)75 FX 30 160/290 2PGS VAL 6MTHS DL 30DYS 40.00 3.5%

©2016 Pinnacle Travel Document Systems
ONLINE ORDER COMPLETION & AUTOMATED UPDATES:

If you have not already done so please complete your order online. This will allow you to create an inbound FedEx shipping label to securely send your documents to us and pay all required fees online. This will also allow you to receive automated email updates regarding the progress of your documents. Please locate and click on the name or number of your specific program at the link below to complete your order.

www.PinnacleTDS.com/Travcoa

IMPORTANT NOTICE - PASSPORT PAGES & VALIDITY:

You must have at least two (2) blank unused pages available in your passport for visas and entry/exit stamps. In addition, your passport must be valid for six (6) months beyond the completion of your international travel. If you are a U.S. citizen and do not have the adequate number of pages or validity you will need to renew your passport since the U. S. Passport Agency will no longer add pages. Pinnacle Travel Document Systems can easily assist you with this at the same time your visas are being processed. The total additional fees for this service (including U.S. government expediting fee) is $264.00 for passport renewals and second passports. We can also assist you with expediting first time passport applications.

You will need to complete an application form and a letter of authorization for PTDS and must send your actual passport to us. Specific requirements and the necessary forms are available for download from our Internet site:

Passport Renewals
First Time Passports
Second Passports
www.Traveldocs.com/PTDSPassports

You may also contact us at Travcoa@PinnacleTDS.com or 888-466-0620 and we will send you an instruction kit.
**Personal Details:**

- **Family Name:** Doe
- **Given Names:** Jonathan Bonham
- **Date of Birth:**
  - Day: 13
  - Month: 03
  - Year: 1961
- **Sex:** Male
- **Marital Status:** Married
- **Nationality:** USA
- **Occupation:** Engineer
- **Country of Birth:** USA
- **Passport Number:** 0123456789
- **Expiration Date:**
  - Day: 10
  - Month: 05
  - Year: 2020
- **Passport Issue Date:**
  - Day: 09
  - Month: 05
  - Year: 2010

**Travel Arrangements:**

- **Name of Vessel/Flight:**
- **Port to PNG:**
  - **Port:** PT Moresbys
  - **Date:**
    - Day: ______
    - Month: ______
    - Year: ______
- **Arrival in PNG:**
  - **Port:**
  - **Date:**
    - Day: ______
    - Month: ______
    - Year: ______
For entry for the purposes of employment:

- Please attach copies of the following documents:
  - A letter of offer of employment from your PNG sponsor.
  - The letter of approval of your work permit, including the work permit number, position number and expiry date.
  - A certificate of good health from a registered doctor, a recent chest X-ray, and the results of a recent HIV test.
  - A statement of your good character from your local police authorities.

For all other types of entry:

- How will you be funding your stay in PNG?
  - Salary
  - Company sponsor
  - Own funds
  - Family

If you have ever changed your name, are known by an alias, or own another passport, please provide details:

PREVIOUS NAME/ALIAS DETAILS:

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Names</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARRIED FEMALES ONLY</td>
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</tbody>
</table>

OTHER PASSPORTS:

<table>
<thead>
<tr>
<th>Country of Issue</th>
<th>Passport Number</th>
<th>Passport Expiry Date</th>
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<tr>
<td>ONLY IF APPLICABLE</td>
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</tbody>
</table>

ORGANISATIONAL SPONSOR:

- Organisation Name: TRAVCOA
- Contact Address Number and Street: 100 N. SEPULVEDA BLVD. SUITE 1700
- Suburb/Town: EL SEGUNDO
- Country: USA
- Business Telephone: (800) 628-8747
- Facsimile: ( ) N/A

Have you visited PNG before: □ Yes □ No

If yes, please give details of your last visit:

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose of visit</th>
<th>Duration of visit</th>
<th>Address during stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>08 03 2009</td>
<td>TOURISM</td>
<td>8 DAYS</td>
<td>PT. MORESBY</td>
</tr>
</tbody>
</table>

Have you been convicted of a criminal offence: □ Yes □ No

If yes, please give details of the date, nature of offence, place of conviction and the penalty imposed.

IF YES, PLEASE CONTACT PTDS

Have you been deported from, or refused entry to Papua New Guinea, or any other country: □ Yes □ No

If yes, please give details.

IF YES, PLEASE CONTACT PTDS

Have you been a patient in a mental home/institution, or do you suffer from a disease which may constitute a health risk to Papua New Guinea: □ Yes □ No

If yes, please give details.

IF YES, PLEASE CONTACT PTDS
**ADDRESS:**

**RESIDENTIAL:**

Number and Street

1234 MAIN STREET

Suburb/Town
ANYWHERE

State/Province
CALIFORNIA

Postcode
98765

Country
USA

Home Telephone
(987) 654-3210

Business Telephone
(987) 654-1230

**PNG:**

Number and Street
AIRWAYS HOTEL

Town/Village
PT. MORESBY

Province
PNG

Postal Address
N/A

Home Telephone
N/A

Business Telephone
N/A

**EMERGENCY CONTACT:**

<table>
<thead>
<tr>
<th>Family name</th>
<th>Given Names</th>
<th>Relationship to Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOE</td>
<td>JOHANNA BACH DOE</td>
<td>WIFE</td>
</tr>
</tbody>
</table>

**DECLARATION:**

PLEASE DON'T FORGET TO SIGN AND DATE YOUR APPLICATION FORM

By signing this form, I, ........................................... declare that the information provided on the form is true and correct, and that I have disclosed all information that may be relevant to determining whether I should be granted an entry permit to travel to and stay in Papua New Guinea.

**PHOTOGRAPH**

Signature of Applicant/Parents/Guardian

Date: / /
Department of Foreign Affairs and Trade
APPLICATION FOR ENTRY PERMIT

INSTRUCTIONS
1. Please read the notes on the rear of this form before completing the form.
2. A separate form is required for each person seeking entry to PNG who is travelling on their own passport. Where the application is in respect of a child under 16 years of age, both parents must sign the application.
3. Please write legibly or use a typewriter and answer all questions as fully as possible.
4. The completed form and the applicant’s passport should be sent to one of the addresses on the reverse of this form.

OFFICE USE ONLY
Date Received: / / By: 
File No: Group: 
Receipt: ICD Clear: / / 
EPIS Registered on: / / 
Decision: Applicant Notified on: / / 

TICK THE PURPOSE AND CIRCLE A DESCRIPTION OF YOUR VISIT TO PNG:

- Visitor
- Working Resident
- Business
- Entertainer
- Student
- Special Exemption
- Accompanying another applicant as a dependant on my own passport

- Tourist - Tour Package
- Journalist
- Businessperson/Investor
- Commercial:
  - Film-maker
  - Comedian
  - Musician
- Formal Education
- Foreign Official
- Melanesian Spearhead
- Charity:
  - Gospel Group
  - Cultural Exchange
- Aid Worker/Volunteer
- Researcher/Academic
- Film-maker (Non-commercial)
- Religious Worker
- Emergency Relief Worker
- Sportsperson
- Medical
- Dependant of Citizen
- Domestic Worker
- 

HOW LONG DO YOU WISH TO STAY IN PNG:

Days: or Months: or Years:

PERSONAL DETAILS:

Family Name

Date of Birth

Day Month Year

Sex

- Male
- Female

Marital Status

- Never Married
- Married
- De facto
- Widowed
- Divorced

Country of Birth

Nationality

Passport Number

Expiry Date

Day Month Year

Passport Issue Date

Day Month Year

Passport Issuing Place

Occupation

Passport Issuing Authority

TRAVEL ARRANGEMENTS:

Name of Vessel/Flight

Departure to PNG

Port: 

Date: 

Day Month Year

Arrival in PNG

Port: PT MORESBY

Date: 

Day Month Year
For entry for the purposes of employment:

Please attach copies of the following documents:

☐ A letter of offer of employment from your PNG sponsor.

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How will you be funding your stay in PNG?

☐ Salary

☐ Company sponsor

☐ Own funds

☐ Family

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</tbody>
</table>

ORGANISATIONAL SPONSOR:

 organisation Name

TRAVCOA

Agent

N/A

Contact Address Number and Street

100 N. SEPULVEDA BLVD SUITE 1700

Suburb/Town

EL SEGUNDO

State/Province

CALIFORNIA

Postcode

90245

Country

USA

Business Telephone

(310) 649-7104

Facsimile

N/A

Have you visited PNG before:  ☐ Yes  ☐ No

If yes, please give details of your last visit

<table>
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<tr>
<th>Date</th>
<th>Purpose of visit</th>
<th>Duration of visit</th>
<th>Address during stay</th>
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Have you been convicted of a criminal offence:  ☐ Yes  ☐ No

If yes, please give details of the date, nature of offence, place of conviction and the penalty imposed.


Have you been deported from, or refused entry to Papua New Guinea, or any other country:  ☐ Yes  ☐ No

If yes, please give details.


Have you been a patient in a mental home/institution, or do you suffer from a disease which may constitute a health risk to Papua New Guinea:  ☐ Yes  ☐ No

If yes, please give details.
AIRWAYS HOTEL
PT MORESBY PNG
N/A N/A N/A

EMERGENCY CONTACT:

Family name
Given Names
Relationship to Applicant

Contact Address Number and Street

EMERGENCY CONTACT:

By signing this form, I, ................................................ declare that the information provided on the form is true and correct, and that I have disclosed all information that may be relevant to determining whether I should be granted an entry permit to travel to and stay in Papua New Guinea.

DECLARATION:

Signature of Applicant/Parents/Guardian
Date: / /
SUPPLEMENTARY HEALTH FORM

THIS FORM MUST BE COMPLETED BY ALL FOREIGN NATIONALS APPLYING FOR A PNG VISA

The Papua New Guinea Immigration and Citizenship Service Authority (ICS) administers the Migration and Citizenship Acts and is responsible for assessing and issuing visas to foreign nationals and passports to PNG Citizens. Foreign nationals seeking to travel and enter PNG cannot be granted a visa or entry to PNG if they represent a public health risk to the PNG community.

The Ebola Virus Disease and Middle East Respiratory Syndrome (MERS) are very serious public health risks. The following questions are to enable appropriate assessment of persons under the PNG Migration, Quarantine and Health Acts.

This form should be completed by all visa applicants 18 years or over. Parents who have included minors on their visa application form should complete a separate form on each minor’s behalf.

Name:                              
Date of Birth:                     
Nationality:                       
Passport Number:                   
Date of arrival or intended arrival in PNG:  

1. In the last 21 days have you visited or transited through Liberia, Sierra Leone or Guinea or any other country where the Ebola Virus Disease has not been contained?

   Yes / No
2. If you circled “Yes” to Question 1, please provide further details of when you were in these countries; the nature/purpose of your travel/stay there; the areas in these countries you visited; and whether you came into any contact with any one (alive or dead) who was or may have been affected by the Ebola Virus Disease.

3. Do you currently have any of the following symptoms?
   - Vomiting
   - Diarrhea
   - A fever
   - A sore throat

   Yes / No .................................................................

4. If you circled “Yes” to Question 2, please provide further details below.

   .................................................................
   .................................................................
   .................................................................
   .................................................................

5. Will you be travelling to, visiting or transiting through Liberia, Sierra Leone or Guinea or any other country where the Ebola Virus Disease has not been contained prior to travelling to PNG?

   Yes / No .................................................................

   It is an offence under the Migration Act to provide false or misleading information in respect of entry to PNG which can lead to visa, uplift or entry refusal and/or criminal charges.

   I hereby declare that the information I have provided is truthful and accurate.

   .................................................................
   Signed

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

   FOR OFFICE USE ONLY:
   Form assessed by:
   Date
   Assessment: Cleared / Additional Medical Check

Location: Ground Floor (Left Wing), Meola Haus, Melanesian Way, Waigani, NCD. Postal Address: PO Box 1790, BOROKO, NCD, Papua New Guinea. Tel: +675 3221500/323 1509, Facsimile: +675 3255206 or 3233818, Website: www.immigration.gov.pg