



G3 Global Services
 919 18th Street NW, Suite 230
 Washington, DC 20006
 888.883.8472
 ATJ@g3visas.com

Please send the following to G3:

- Your original valid signed passport. It must have at least two blank pages marked "Visas" side by side and more than six months before expiry.
- Non-U.S. citizens must also submit a copy of their Permanent Resident Card or U.S. Visa and I-94. Travelers who entered the US after April 26, 2013 should print the electronic I-94 form from <https://i94.cbp.dhs.gov/>.
- Two visa application forms, completed and signed with a pen-to-paper signature in blue or black ink.
- Two Supplementary Health Forms, completed and signed with a pen-to-paper signature in blue or black ink.
- Two identical passport-style (2"x2") photographs taken within the last 6 months (must be on photo paper and have a plain white background).
- Copy of your international flight itinerary.
- This cover sheet with all fields completed. Only one cover sheet is required per family.

Send all required documents to G3's Washington, DC address listed above.

Contact and Shipping Information:

Provide a street address for FedEx delivery - no P.O. boxes.

Name _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Telephone _____
 Mobile Telephone _____
 Email _____
We will email you the FedEx tracking number for your return shipment.

Shipping Fees: *All return shipping fees are included.*

Your passport will be returned via Federal Express. FedEx delivers to residential addresses with no signature required; please note below if you require a signature release for your package. (Redelivery fees may apply.)

Travel Information:

Date of US Departure _____/_____/_____
 Date Passport Needed _____/_____/_____
 Names of additional travelers in your family group:

 ATJ Trip Coordinator _____

Special Notes:

Delivery instructions, additional services, etc.

Fees: Payment includes Embassy fees, G3 service fees, and return shipping via Federal Express. Requirements and fees are subject to change without notice. Visas will be valid for three months from date of issue, for a single entry with a 60 day stay.

Select one:

	FEE	# Travelers	TOTAL
<input type="checkbox"/> Papua New Guinea Visa 21 Business Day Processing	[] x []	=	[]
<input type="checkbox"/> Papua New Guinea Visa 14 Business Day Processing	[] x []	=	[]
<input type="checkbox"/> Passport Protection Plan (Optional. If your valid passport is lost or damaged, G3 will replace it with no service fees.)	[] x []	=	[]

Payment Information:

All fees are payable to G3 by:
 • Credit Card: American Express, Visa, or MasterCard
 • Check or Money Order payable to G3 Global Services

For Payment Via Credit Card:

I authorize G3 to charge the amount of \$ _____ plus a 5% convenience fee to my credit card.

Visa/MasterCard: [][][][] - [][][][][] - [][][][][] - [][][][]

Exp. Date: ____ / ____ Security Code: [][][] OR

American Express: [][][][] - [][][][][][][] - [][][][][]

Exp. Date: ____ / ____ Security Code: [][][][]

Name as it appears on the card _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____



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.
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: Tourist - Tour Package, Journalist, Tourist - Own Itinerary, Yachtsperson, Visiting Relative
Business: Short-term Multiple Entry
Entertainer: Commercial (Film-maker, Comedian, Musician), Charity (Gospel Group, Cultural Exchange)
Working Resident: Businessperson/Investor, Employment, Working Dependant
Student: Formal Education, Occupational Trainee
Special Exemption: Foreign Official, Aid Worker/Volunteer, Film-maker (Non-commercial), Emergency Relief Worker, Medical
Melanesian Spearhead: Diplomat, Researcher/Academic, Religious Worker, Sportsperson, Domestic Worker
Accompanying another applicant as a dependant on my own passport

HOW LONG DO YOU WISH TO STAY IN PNG: Days: or Months: or Years:

PERSONAL DETAILS:

Family Name, Given Names, Date of Birth, Sex, Marital Status, Country of Birth, Nationality, Passport Number, Expiry Date, Occupation, Passport Issue Date, Passport Issuing Place, Passport Issuing Authority

TRAVEL ARRANGEMENTS:

Name of Vessel/Flight, Departure to PNG (Port, Date), Arrival in PNG (Port, Date)

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:

Family Name	Given Names	Date of Birth	Sex	Marital Status

OTHER PASSPORTS:

Country of Issue	Passport Number	Passport Expiry Date

ORGANISATIONAL SPONSOR:

Organisation Name		Agent	
Contact Address Number and Street			
Suburb/Town	State/Province	Postcode	
Country	Business Telephone	Facsimile	
	()	()	

Have you visited PNG before: Yes No

If yes, please give details of your last visit

Date	Purpose of visit	Duration of visit	Address during stay
Day Month Year			

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.

ADDRESSES:

RESIDENTIAL:

Number and Street

Suburb/Town

State/Province

Postcode

Country

Home Telephone

Business Telephone

PNG:

Number and Street

Town/Village

Province

Postal Address

Home Telephone

Business Telephone

EMERGENCY CONTACT:

Family name

Given Names

Relationship to Applicant

Contact Address Number and Street

Suburb/Town

State/Province

Postcode

Country

Home Telephone

Business Telephone

DECLARATION:

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: / /



PNG IMMIGRATION AND CITIZENSHIP SERVICE AUTHORITY

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 (ICSA) 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
- Diarrhoea
- 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