

VIP PASSPORT SERVICES, INC.

2012 Louisiana Street
Houston, Texas 77002
713-659-8472 1-800-856-8472 Fax 713-659-3767
Website: www.vippassports.com Email: vipinfo@vippassports.com



PAPUA NEW GUINEA E-VISA (BUSINESS)

COUNTRIES ELIGIBLE TO APPLY

IF THE TRAVELER HOLDS A PASSPORT ISSUED BY ONE OF THE FOLLOWING COUNTRIES OR TERRITORIES, YOU ARE ELIGIBLE TO APPLY FOR A P.N.G. BUSINESS E-VISA

(SEE NEXT PAGES FOR INSTRUCTIONS)

| | | |
|---|------------------|----------------------------|
| AMERICAN SAMOA | HUNGARY | NORWAY |
| ANDORRA | ICELAND | PALAU |
| ARGENTINA | INDONESIA | PERU |
| AUSTRALIA | IRELAND | PHILIPPINES |
| AUSTRIA | ISRAEL | POLAND |
| BELGIUM | ITALY | PORTUGAL |
| BRAZIL | JAPAN | ROMANIA |
| BRUNEI DARUSSALAM | KIRIBATI | SAMOA |
| BULGARIA | KOREA (SOUTH) | SAN MARINO |
| CANADA | LATVIA | SINGAPORE |
| CHILE | LIECHTENSTEIN | SLOVAKIA (SLOVAK REPUBLIC) |
| CROATIA | LITHUANIA | SLOVENIA |
| CYPRUS | LUXEMBOURG | SOLOMON ISLANDS |
| CZECH REPUBLIC | MACAO (SAR) | SPAIN |
| DENMARK | MALAYSIA | SWEDEN |
| ECUADOR | MALDIVES | SWITZERLAND |
| ESTONIA | MALTA | TAIWAN |
| FIJI | MARSHALL ISLANDS | THAILAND |
| FINLAND | MEXICO | TONGA |
| FRANCE | MICRONESIA | TUVALU |
| GERMANY | MONACO | UNITED KINGDOM |
| GREECE | NAURU | UNITED STATES |
| HOLY SEE (VATICAN CITY STATE) | NETHERLANDS | URUGUAY |
| HONG KONG (SAR) | NEW ZEALAND | VANUATU |
| FRENCH TERRITORIES (AS FRENCH PASSPORT HOLDERS) – FRENCH POLYNESIA, GUADELOUPE, NEW CALEDONIA, REUNION, SAINT BARTHELEMY ST MARTIN (FRENCH SIDE), SAINT PIERRE AND MIQUELON, WALLIS | | |
| NEW ZEALAND TERRITORIES – COOK ISLANDS, NIUE, TOKELAU | | |
| US TERRITORIES (AS U.S. PASSPORT HOLDERS) – FUTUNA, GUAM, NORTHERN MARIANA ISLANDS, PUERTO RICO, VIRGIN ISLANDS (U.S.) | | |
| DUTCH TERRITORIES (AS DUTCH PASSPORT HOLDERS) – ARUBA, CURACAO, SINT MAARTEN (DUTCH SIDE) BONAIRE AND SINT EUSTATIUS AND SABA | | |

Specializing in Visas, Passports, Document Legalization and Translations

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WORK ORDER REQUEST FORM

ELECTRONIC REQUESTS

TRAVELER INFO

TRAVELER NAME

TRAVELER DATE OF BIRTH

DATE OF U.S. DEPARTURE

DATE PASSPORT IS NEEDED

VIP FILE LOCATOR NUMBER

BILLING INFORMATION

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

EMAIL

P.O. OR BILLING REF#:

RETURN INFORMATION

PLEASE LIST THE EMAIL ADDRESS WHERE THE COMPLETED DOCUMENT IS TO BE SENT,
IF DIFFERENT FROM THE ONE LISTED ABOVE

EMAIL FOR RETURN OF DOCUMENT:

METHOD OF PAYMENT

CREDIT CARD

CARD NUMBER

EXP. DATE

CVV CODE

SIGNATURE OF CARD HOLDER

AUTH. AMOUNT \$_____

MONEY ORDER

CASHIER'S CHECK

COMPANY CHECK

SPECIAL INSTRUCTIONS: _____

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ELIGIBLE COUNTRIES ONLY

DOCUMENTS REQUIRED

PLEASE FORWARD THIS SHEET AND ALL THE REQUIREMENTS TO THE EMAIL ADDRESS LISTED ABOVE

| | | | |
|----------------------|--------|-------------------|--------|
| VALID PASSPORT: | 1-COPY | APPLICATION (S): | 1-COPY |
| PASSPORT TYPE PHOTO: | 1-COPY | TRAVEL ITINERARY: | 1-COPY |

OTHER: FOR ALL NON-U.S. PASSPORT HOLDERS, PLEASE SEND A COPY OF YOUR U.S. VISA & I-94, OR A COPY OF VALID U.S. GREEN CARD.

PROCESSING FEES

(PER APPLICANT)

| | |
|------------------------------------|-----------------|
| VIP SERVICE FEE: (REGULAR PROCESS) | <u>\$95.00</u> |
| CONSULATE FEE: | <u>\$250.00</u> |
| MONEY ORDER: | <u>\$6.00</u> |
| OTHER FEES: _____ | _____ |
| TOTAL: (NO PERSONAL CHECKS PLEASE) | _____ |

RETURN SHIPPING FEES (SELECT ONE)

THE E-VISA WILL BE E-MAILED BACK TO THE REQUESTER, SO PLEASE BE SURE THAT THE EMAIL ADDRESS LISTED ON THE WORK ORDER IS CORRECT.

REGULAR PROCESS TIME: 3 TO 5 DAYS

COMMENTS: _____

REVISED 8-6-2019 JENN

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ELIGIBLE COUNTRIES ONLY

PLEASE SUBMIT THE FOLLOWING DOCUMENTS ELECTRONICALLY

- 1.) CLEAR COPY OF VALID PASSPORT
- 2.) CLEAR COPY OF PASSPORT-TYPE PHOTO (2x2)
- 3.) COPY OF COMPLETED APPLICATION
- 4.) COPY OF INVITATION FROM P.N.G. SPONSOR
- 5.) FOR ALL NON-U.S. PASSPORT HOLDERS, PLEASE PROVIDE PROOF OF VALID U.S. STATUS
(PLEASE SUBMIT ONE OF THE FOLLOWING)
 - COPY OF FRONT/BACK OF GREEN CARD
 - COPY OF U.S. VISA AND I-94 (VISIT <https://i94.cbp.dhs.gov/>)
- 6.) CONSULATE FEE: \$250.00

VALIDITY: BUSINESS E-VISAS ARE ISSUED FOR SINGLE ENTRY, WITH A PERIOD OF STAY OF UP TO 30 DAYS FROM THE DATE OF ENTRY. THE VALIDITY, NUMBER OF ENTRIES, AND DURATIONS OF STAY OF THE E-VISAS ARE DETERMINED BY THE VISA OFFICER ON A CASE-BY-CASE BASIS.

SPECIAL NOTES:

- DOCUMENTS CAN BE SENT TO OUR OFFICE EITHER ELECTRONICALLY (VIPINFO@VIPPASSPORTS.COM) OR BY SHIPPING TO OUR OFFICE. **IF THE DOCUMENTS ARE EMAILED, PLEASE BE SURE THE PHOTO IS IN .JPEG FORMAT AND ALL OTHER DOCUMENTS ARE IN .PDF FORMAT.**
- IF YOU DO NOT QUALIFY FOR AN E-VISA (I.E. – REASON FOR TRAVEL IS FOR SOMETHING OTHER THAN BUSINESS OR TOURISM), PLEASE CONTACT OUR OFFICE FOR ADDITIONAL/ALTERNATE INSTRUCTION AND GUIDANCE ON APPLYING FOR A VISA.
- DUE TO INTERNATIONAL EXCHANGE RATES, CONSULATE FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE.

REVISED 8-6-2019 JENN



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: Commerical: Film-maker, Comedian, Musician; Charity: Gospel Group, Cultural Exchange
Working Resident: Businessperson/Investor, Employment, Working Dependant
Student: Formal Education
Special Exemption: Foreign Official, Aid Worker/Volunteer, Film-maker (Non-commercial), Emergency Relief Worker, Medical
Short-term Employment Consultant/Specialist Dependant of Citizen
Occupational Trainee
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, 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: / /