

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 (TOURIST)

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. TOURIST E-VISA
(SEE NEXT PAGES FOR INSTRUCTIONS)

ANTIGUA AND BARBUDA	GRENADA	NAURU	TONGA
AUSTRALIA	HONG KONG (SAR)	NEW ZEALAND	TUVALU
BARBADOS	INDIA	PHILIPPINES	UNITED KINGDOM
BELIZE	INDONESIA	RUSSIA	UNITED STATES
BOTSWANA	JAMAICA	RWANDA	VANUATU
BRUNEI DARUSSALAM	KENYA	SAMOA	VIETNAM
CANADA	KIRIBATI	SEYCHELLES	ZAMBIA
CHILE	KOREA (SOUTH)	SINGAPORE	GUYANA
CHINA	LESOTHO	SOLOMON ISLANDS	ST LUCIA
CHINESE TAIPEI	MALAYSIA	SOUTH AFRICA	
CYPRUS	MALTA	ST KITS & NEVIS	
DOMINICA	MAURITIUS	ST. VINCENT & GRENADINES	
FIJI	NAMIBIA		

THANK YOU,
VIP PASSPORT SERVICES, INC.

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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: _____

SPECIALIZING IN VISAS, PASSPORTS, DOCUMENT TRANSLATIONS & LEGALIZATIONS

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PAPUA NEW GUINEA E-VISA 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>\$50.00</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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PAPUA NEW GUINEA E-VISA (TOURIST)

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.) **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/>)
- 5.) **CONSULATE FEE**: \$50.00

VALIDITY: 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. 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:

- | | | |
|--|---|---|
| <input type="checkbox"/> Visitor
Tourist - Tour Package Journalist
Tourist - Own Itinerary Yachtsperson
Visiting Relative | <input type="checkbox"/> Working Resident
Businessperson/Investor
Employment
Working Dependant | <input type="checkbox"/> Short-term Employment
Consultant/Specialist
Dependant of Citizen |
| <input type="checkbox"/> Business
Short-term Multiple Entry | <input type="checkbox"/> Student
Formal Education | <input type="checkbox"/> Occupational Trainee |
| <input type="checkbox"/> Entertainer
Commerical:
Film-maker Comedian Musician
Charity:
Gospel Group Cultural Exchange | <input type="checkbox"/> Special Exemption
Foreign Official
Aid Worker/Volunteer
Film-maker (Non-commercial)
Emergency Relief Worker
Medical | <input type="checkbox"/> Melanesian Spearhead
Diplomat
Researcher/Academic
Religious Worker
Sportsperson
Domestic Worker |
| <input type="checkbox"/> 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 <input type="text"/>		Given Names <input type="text"/>	
Date of Birth <input type="text"/> Day Month Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Country of Birth <input type="text"/>	Nationality <input type="text"/>		
Passport Number <input type="text"/>	Expiry Date <input type="text"/> Day Month Year	Occupation <input type="text"/>	
Passport Issue Date <input type="text"/> Day Month Year	Passport Issuing Place <input type="text"/>	Passport Issuing Authority <input type="text"/>	

TRAVEL ARRANGEMENTS:

Name of Vessel/Flight <input type="text"/>	Departure to PNG Port: <input type="text"/> Date: <input type="text"/> Day Month Year	Arrival in PNG Port: <input type="text"/> Date: <input type="text"/> Day Month Year
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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: / /