



## **CONSULATE-GENERAL OF PAPUA NEW GUINEA**

*OUR VISA SECTION IS LOCATED AT*

*LEVEL 3, 344 QUEEN ST  
BRISBANE QLD 4000*

*HOURS OF BUSINESS: 09:30 AM – 2:00 PM (MON – FRI)*

*VISITORS VISA: Maximum length of stay – Sixty (60) days – Single Entry*

*Requirements - Completed Application for Entry Form  
Passport (6 months validity required)  
One (1) Photograph  
Copy of flight itinerary (showing flight in/out of PNG)  
NIL fee*

*Processing on all visa's: **7** working days*

***IMPORTANT:*** *if you are mailing your passport, please include a prepaid Express Post Platinum Satchel or Registered Post envelope for safe return of your passport (s) or if using a National Courier (ie: TNT/DHL) a return Courier Satchel should also be forwarded ...or if you wish to collect your passport on the way through Brisbane – then a cover letter requesting that your passport be held for collection would be appreciated.*

*Please be advised that all Outgoing Mail from this office is only by 'ordinary mail'.*

*Please ensure that 'all requirements' are lodged with your 'application form'*

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Telephone: (07) 3221 7915      Visa Section 07 3221 8067      Facsimile 07 3221 7916

E-mail: [pngcg@kundubne.org](mailto:pngcg@kundubne.org)  
Emails: [lynnebaptiste@kundubne.org](mailto:lynnebaptiste@kundubne.org) & [Julietauni@kundubne.org](mailto:Julietauni@kundubne.org)

GPO Box 220  
Brisbane QLD 4001



Department of Foreign Affairs and Trade

APPLICATION FOR ENTRY PERMIT

INSTRUCTIONS

- 1. Please read me 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
Working Resident: Businessperson/Investor, Employment, Working Dependent, Short-term Employment Consultant/Specialist
Business: Short-term Multiple Entry - Single Entry
Student: Formal Education, Occupational Trainee
Entertainer: Commercial (Film-maker, Comedian, Musician), Charity (Gospel Group, Cultural Exchange)
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, Dependent of Citizen
Accompanying another applicant as a dependent 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 the following documents:

- The letter of approval of your work permit, including the work permit number, position number and expiry date
- Medical examination form, a recent chest x-ray (report only) and the result of a recent HIV test.
- Police Clearance Certificate.

**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

**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

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**Have you been deported from, or refused entry to Papua New Guinea, or any other country:**

- Yes  No

If yes, please give details.

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**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.

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**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/Parent/Guardian

Date / /