



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: info@vippassports.com

WORK ORDER REQUEST FORM

(RETURN THIS FORM WITH EACH REQUEST)

BILLING INFORMATION:

CONTACT: _____
COMPANY: _____
ADDRESS: _____
CITY/ST: _____
PHONE: _____
CELL: _____
FAX: _____
EMAIL: _____

RETURN DOCUMENTS TO:

CONTACT: _____
COMPANY: _____
ADDRESS: _____
CITY/ST: _____
PHONE: _____
CELL: _____
FAX: _____
EMAIL: _____

CREDIT CARD INFORMATION:

CARD#: _____
EXP. DATE: _____ CVV#: _____

**SIGNATURE OF CARD HOLDER
REQUIRED:** _____

BILLING INSTRUCTIONS:

YOUR P.O. OR REF#: _____

**AUTHORIZED AMOUNT TO CHARGE MY
CREDIT CARD: US\$** _____

TRAVELERS NAME: _____

DATE OF USA DEPARTURE: _____

DATE OF BIRTH: _____

DATE YOU NEED PASSPORT: _____

VIP RESERVATION/FILE LOCATOR NUMBER: _____

SPECIAL INSTRUCTIONS: _____

HOW DID YOU HEAR ABOUT VIP?

REPEAT CUSTOMER__ INTERNET__ REFERRED__ BY_____ WALK-IN__



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: info@vippassports.com

PAPUA NEW GUINEA BUSINESS VISA *U.S. PASSPORT HOLDER*

DOCUMENTS REQUIRED:

VALID SIGNED PASSPORT:	<u>1</u>	APPLICATION (S):	<u>1</u>
PASSPORT TYPE PHOTO (S):	<u>1</u>	BRIEF RESUME:	<u>1</u>
ITINERARY/TICKET:	<u>1</u>	COMPANY LETTER:	<u>1</u>
REPORT ON PNG COMPANY:	<u>1</u>	INVITATION:	<u>1</u>
HEALTH SCREENING FORM:	<u>1</u>	BANK STATEMENT:	<u>N/A</u>

OTHER: SEE NEXT PAGE FOR MORE DETAILED INSTRUCTIONS.

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

FEES PER PERSON:

VIP SERVICE FEE:	<u>\$75.00</u>
CONSULATE FEE:	<u> </u>
MONEY ORDER:	<u>\$6.00</u>
*ADD RETURN FEDERAL EXPRESS FEE:	<u> </u>
TOTAL: (NO PERSONAL CHECKS PLEASE)	<u> </u>

*FEDERAL EXPRESS FEES:

PRIORITY LETTER	\$29.00
2-DAY LETTER	\$23.50
3-DAY LETTER	\$19.50
SATURDAY LETTER	\$41.50
1 ST OVERNIGHT DELIVERY	\$75.00

**VISA PROCESSING TIME

AVERAGE PROCESSING TIME: 7 TO 10 DAYS

COMMENTS: _____

REVISED: 04-27-2015 (JENN)



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: info@vippassports.com

PAPUA NEW GUINEA BUSINESS VISA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

- 1.) **SIGNED U.S. PASSPORT** (*MINIMUM OF 12 MONTHS VALIDITY*)
- 2.) **ONE (1) PASSPORT-TYPE PHOTOGRAPH** (2x2)
- 3.) **ONE (1) COMPLETED APPLICATION** (*APPLICATION CAN BE COPIED*)
- 4.) **ONE (1) COMPANY LETTER OF GUARANTEE**
- 5.) **BRIEF REPORT ON PNG-BASED COMPANY OR ON-GOING BUSINESS IN PNG**
- 6.) **RECENT ANNUAL REPORT OF PARENT COMPANY**
- 7.) **BRIEF RESUME** DETAILING PAST EMPLOYMENT
- 8.) **ONE (1) HEALTH SCREENING FORM** (*SEE PAGES 7 – 8*)
- 9.) **ONE (1) COPY OF TRAVEL ITINERARY** OR COPY OF ROUNDTRIP TICKET
- 10.) **COPY OF THE INVITATION**
- 11.) **CONSULATE FEE:**
 \$205.00 – *SINGLE ENTRY*
 \$410.00 – *MULTIPLE ENTRIES*

VALIDITY: SINGLE ENTRY VISAS ARE TO BE USED WITHIN (6) SIX MONTHS FROM ISSUE DATE. YOU MAY STAY UP TO (60) SIXTY DAYS. MULTIPLE ENTRY VISAS ARE TO BE USED WITHIN (12) TWELVE MONTHS OF ISSUE DATE.

REVISED: 4-27-2015 (JEN)

Specializing in Visas, Passports, Document Legalization and Translations



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
--	--	--

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



VIP SERVICES

2012 Louisiana Street
Houston, Texas 77002

713-659-8472 1-800-856-8472 Fax 713-659-3767

Website: www.vippassports.com Email: info@vippassports.com

EXAMPLE OF A COMPANY LETTER OF GUARANTEE

DATE: _____

EMBASSY/CONSULATE OF: _____

GENTLEMEN:

MR. / MRS. (TRAVELER) IS ONE OF OUR EMPLOYEES WHO IS
ENGAGED AS (POSITION) FOR (COMPANY NAME). MR. / MRS.
(TRAVELER) PLANS TO VISIT (CITY) FOR THE PURPOSE OF (DETAILED
EXPLANATION OF TRIP) WITH (COMPANY TO BE VISITED).

MR. / MRS. (TRAVELER) WILL BE DEPARTING THE UNITED STATES ON
(DATE) AND WILL BE STAYING FOR (LENGTH OF TRIP). OUR COMPANY,
(EMPLOYER), WILL GUARANTEE MR. / MRS. (TRAVELER) MAINTENANCE
AND WILL BE RESPONSIBLE FOR HIS / HER WELFARE WHILE IN YOUR
COUNTRY. HE / SHE IS IN POSSESSION OF SUFFICIENT FUNDS FOR HIS / HER
STAY AND HAS PREPAID TRANSPORTATION TO RETURN TO THE UNITED
STATES.

WE WOULD BE VERY APPRECIATIVE IF YOU WOULD ISSUE MR. / MRS.
(TRAVELER) THE APPROPRIATE (SINGLE OR MULTIPLE) ENTRY BUSINESS VISA
AT YOUR EARLIEST CONVENIENCE.

THANK YOU,

(SUPERVISORS SIGNATURE)

PLEASE BE SURE THAT THE PERSON WHO AUTHORIZED YOUR TRIP SIGNS THIS
LETTER. THE TRAVELER SHOULD NOT SIGN THIS LETTER. **DO NOT ATTENTION**
THIS LETTER TO VIP SERVICES!