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| *OFFICIAL USE ONLY: REFERENCE NUMBER* |  |


IMMIGRATION ORDINANCE 1999, section 17B MMIGRATION (GENERAL) REGULATIONS 2021, regulation 14

 **FALKLAND ISLANDS**

 **APPLICATION FOR VISITOR PERMIT** (including extensions)

**Please take care when completing this form and only provide information that is complete and accurate**

1. PERSONAL DETAILS

|  |  |
| --- | --- |
| **Surname(s)** |  |
| **Forename(s)** |  |
| **Previous name(s)** |  |
| **Gender** | **Male** **[ ]**  | **Female** **[ ]**  |
| **Date of birth** |  |
| **Nationality** |  |
| **Country of residence** |  |
| **Passport number** |  | **Place of Issue** |  |
| **Date of issue** |  | **Date of Expiry** |  |
| **Email** |  |
| **Address in Falkland Islands** |  |

1. PERMIT DETAILS

**Reason for visiting**

|  |  |  |
| --- | --- | --- |
| **[ ]  Visiting friends / relatives** | **[ ]  Business / professional** | **[ ]  Holiday / tourism** |
| **[ ]  Other: please state -** |  |

**How long do you wish to stay**

|  |
| --- |
|  |

**Give details of exactly what you intend to do in the Falkland Islands**

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|  |

 **For Permit Extensions only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current permit no** |  | **Your ID no** |  |
| **Permit valid from** |  | **Valid to** |  |
| **Why do you wish to extend your visitor permit, give details to include accommodation arrangements and funds to support yourself below** |
|  |

1. DECLARATION

|  |  |
| --- | --- |
| Do you have sufficient funds to support yourself? | Yes [ ]  |
| Do you Have a fully paid return ticket, or the means to purchase one? | Yes [ ]  |
| Do you have medical insurance which includes aero-medical evacuation to the value of at least US$2,000,000 in place? | Yes [ ]  |
| I am aware that I must not undertake unauthorised employment whilst in the Falkland Islands | Yes [ ]  |

**I declare that all the questions answered and information given above are accurate to the best of my knowledge and ability**

|  |  |
| --- | --- |
| **Name in full** |  |
| **Date** |  |