|  |  |
| --- | --- |
| *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**

|  |
| --- |
|  |

**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** |  |