



REPUBLIC OF THE MARSHALL ISLANDS
DIVISION OF IMMIGRATION - MINISTRY OF JUSTICE

P.O. BOX 890

MAJURO, MARSHALL ISLANDS 96960

New

Renewal

**APPLICATION TO VISIT THE
REPUBLIC OF THE MARSHALL ISLANDS**

**PLEASE TYPE OR PRINT IN INK AND ANSWER ALL QUESTIONS.
THIS FORM IS PROVIDED FREE OF CHARGE.**

(1) Family Name	(2) First or Given Names	(3) Name in the Ethnic Script (If Applicable)
(4) Previous or Alternative Names	(5) Particulars of Birth (Town/Province)	Country

(6) Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	(7) Date of Birth	(8) Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separate	(9) Occupation	(10) Present Citizenship
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(11) Full Residential Address	Telephone #
FULL POSTAL ADDRESS (IF DIFFERENT)	

(12) Passport Details (#)	Place of Issue	Date of Issue Mo Day Yr / /	Valid Until Mo Day Yr / /
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(13) Purpose of Intended visit to the Republic of the Marshall Is

Holiday - Intended Address.....

Business - Address of Business contact and telephone number.....

Visit Relatives - Name, Address and relationship.....

Medical Treatment - Name Address of Doctor/Hospital.....

Residence in the Republic of the Marshall Islands. If so, would you like to receive additional advice/information? YES [] NO []

(14) Length of Stay Months Days	(15) Proposed Dates of: (A) Departure for the Marshall Island/..... (B) Arrival in the Marshall Island/.....
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(16) Have you or has anyone included in the Application ever applied for a Visa or travelled to the Republic of the Marshall Islands?
 YES NO IF "YES", provide details.

(17) Particulars of Accompanying Children included in My Passport				
Full Name	Son / Daughter	Country of Birth	Date of Birth	Citizenship

(18) Have you or has any Member of your Family included in this Application

Suffered from any dangerous contagious disease such as tuberculosis

Suffered from any mental illness

Used of been addicted to or trafficked in narcotics?

Been convinced of a criminal offence in any country?

Been deported or excluded from any country

PHOTOGRAPH

IF "YES" TO ANY OF THE ABOVE, GIVE DETAILS:

(19) DECLARATION NOTE: If you are unable to complete the following declaration in respect of any matter, you should cross out the item in question and the declaration as amended. You should then submit with the application a statement outlining the reasons why you were unable to declare in respect of the deleted

DECLARE THAT:

- I have sufficient funds to support myself and all dependent members of my family during the period of the vi
- I and my accompanying dependent family members will, if granted visitors visas, travel to the Republic of the Marshall Is. on fully paid return tickets for travel to a destination beyond the Republic of the Marshall Islands; will produce these tickets on arrival and will retain them while in the
- I and my accompanying dependent family members WILL NOT SEEK AUTHORITY TO SETTLE IN THE RMI AND WILL LEAVE AT OR BEFORE THE END OF THE AUTHORIZED VISIT PERIOD.
- I and my accompanying dependent family members WILL NOT UNDERTAKE EMPLOYMENT OF ANY FORMAL STUDIES WHILE IN THE RMI.
- I FURTHER DECLARE THAT ALL QUESTIONS HAVE BEEN ANSWERED AND THE PARTICULARS PROVIDED BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ABILITY.

(SIGNATURE)

Mo Day Yr

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DECISION		INTERVIEW		ENTRY		PERIOD OF STAY	VALIDITY
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Single	<input type="checkbox"/> Multiple	VISA NUMBER	VISA CATEGORY
<input type="checkbox"/> V-1	Visitor	<input type="checkbox"/> Single	<input type="checkbox"/> 3 Month	<input type="checkbox"/> B-1	Business	<input type="checkbox"/> Multiple	2 Years
<input type="checkbox"/> S-1	Student	<input type="checkbox"/> Multiple	<input type="checkbox"/> 1 Year	<input type="checkbox"/> T-1	Transit	<input type="checkbox"/> Single	3 Days
<input type="checkbox"/> D-1	Diplomatic	<input type="checkbox"/> Multiple	<input type="checkbox"/> 2 Year	<input type="checkbox"/> R-1	Resident	<input type="checkbox"/> Multiple	5 Years
<input type="checkbox"/> G-1	General	<input type="checkbox"/> Multiple	<input type="checkbox"/> 2 Years	<input type="checkbox"/> W-1	Work	<input type="checkbox"/> Multiple	2 Years
						DATE OF ISSUE Mo Day Yr / /	AUTHORIZED OFFICIAL