



Government of Fiji

PASSPORT APPLICATION FORM

New Passport No.

Attach 2 recent full face passport colour photos measuring 3.5 cm x 4.5 cm.

One photo to be certified by the same officer witnessing this application form stating:

I certify this photograph is a true likeness of (Applicant Name)

Serial Number

(Office use only)

(Office use only)

Complete every field of this form in handwriting using block letters. Applicant MUST provide two signatures.

1. Applicants Surname: _____
(Family name)
2. First Name: _____ Middle Name: _____
3. Previous name: _____
4. Full name of Father: Surname _____ First name: _____
5. Date of Birth: _____ / _____ / _____
Day Month Year
6. Birth place: _____
City / Country
7. Marital Status: Single: Married: Widowed: Divorced:
8. Personal Height: _____
9. Colour of Eyes: _____
10. Colour of Hair: _____
11. Visible distinguishing marks: _____
12. Occupation: _____
13. Name of Employer: _____
14. Address of Employer: _____
15. Applicant's full residential address: _____
16. Correspondence Address: (if different from residential address)

17. Phone: (residential) _____ Business: _____
18. Fax No.: _____ Email: _____

19. Part A: Documents required when applying for first issue: (attach originals where applicable and quote number)

tick box

- | | | |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Birth Certificate <input type="checkbox"/> | Marriage Certificate <input type="checkbox"/> <small>(If you are a married woman)</small> | Divorce Certificate <input type="checkbox"/> <small>(If you are a divorcee)</small> |
| Deed Poll papers <input type="checkbox"/> | Adoption papers <input type="checkbox"/> | Death Certificate <input type="checkbox"/> <small>(If widowed)</small> |
| Naturalization Certificate <input type="checkbox"/> | Registration Certificate <input type="checkbox"/> | 2 full face colour photos <input type="checkbox"/> |
| FNPF <input type="checkbox"/> | Credit Card <input type="checkbox"/> | Drivers Licence <input type="checkbox"/> |
| Electricity Bill <input type="checkbox"/> | Water Bill <input type="checkbox"/> | School report <input type="checkbox"/> |

Part B: Documents required if applying for a replacement passport

tick box

- (i) If passport is full, expired or mutilated, attach passport only OR
- (ii) If passport is lost or damaged but still valid, attach: _____ police report from country where passport is lost
- Statutory declarations news paper advertisement AND documentation at Part A

20. Certification:

I certify that the above particulars are correct, that I am a citizen of Fiji. I certify that I possess no other Fiji passport or travel document (other than that attached to this application or declared lost as in attached statutory declaration and that I have made no other application for a Fiji passport or travel document since the Passport or Travel Document no. _____ was issued to me).

Applicant's signature: _____
Date: _____ Thumb Print:

Applicants signature:

21. If this application is by a person under 16 years of age the following section must be completed by either parent or legal guardian

I, the parent/legal guardian of the applicant (First and Middle name) _____

Surname _____ agree to the issue of a passport valid from all countries for the applicant.

Name of Father : _____ Signature: _____

Name of Mother: _____ Signature: _____

Legal Guardian: : _____ Signature: _____

Date: _____

Full Address: _____

22. Witness: I confirm that I have known the applicant for ____ years and that he/she signed the certification at Section 20 before me and he/she fully understands its contents.

Full Name of Witness: _____ Occupation: _____

Residential Address: _____ Employer Address: _____

Signature of Witness: _____ Email: _____

Date: _____

23. Method of Collection: Personal Collection or Post to: _____

Office Use Only

Vetting Officer

Name: _____ Signature: _____ Date: _____

Application Lodged date: _____

Cashier

Name: _____ Signature: _____ Date: _____

Fee paid: _____ Revenue Receipt No.: _____

VDU Check

Name: _____ Signature: _____ Date: _____

Certified from the Computer Records that the applicant previously held:

Fiji Passport No.: _____ Date of Issue : _____ Date of Expiry: _____

VDU Operator – Application Entered

Name: _____ Signature: _____ Date: _____

Passport Officer Name: _____

Signature: _____ Date: _____