

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

P.O. BOX 890

MAJURO, MARSHALL ISLANDS 96960

	New

Renewal

(1) Family Name (2) First or Given Names (3) Name in the Ethnic Script (if Applicable) (4) Previous or Alternative Names (6) Particulars of Birth (Town/Province) (6) Sex (7) Date of Birth (8) Marial Status (9) Occupation (10) Present Citzenship (11) Full Residential Address (11) Full Residential Address (11) Full Residential Address (12) Passport Details (f) (12) Passport Details (f) (13) Purpose of Intended visit to the Republic of the Marshall is Holday - Intended Address (14) Fundy on the Address of Dector/Hospital. Medical Treatment - Name Address of D	APPI	PLEASE TYPE OR PRINT IN INK AND ANSWER ALL QUESTIONS.  THIS FORM IS PROVIDED FREE OF CHARGE.								
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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	- I have sufficient funds - I and my accompanyir tickets for travel to a de	ng dependent stination bey	family members ond the Republic	will, if granted of the Marshall	visitors visas, trav I Islands; will prod	el to the	e Republic of se tickets on	the Marsha arrival and	will retain them while in the	
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