



**FORM 1**  
**REPUBLIC OF THE MARSHALL ISLANDS**  
**DIVISION OF IMMIGRATION - MINISTRY OF JUSTICE**  
P.O. BOX 890  
MAJURO, MARSHALL ISLANDS 96960  
**PLEASE TYPE OR PRINT IN INK AND ANSWER ALL QUESTIONS.**

Date Submitted: \_\_\_\_\_

Initials: \_\_\_\_\_

**VISA APPLICATION**

|                     |                              |                                  |   |
|---------------------|------------------------------|----------------------------------|---|
| <b>APPLICATION:</b> | <input type="checkbox"/> New | <input type="checkbox"/> Renewal | <b>TYPE OF VISA YOU ARE APPLYING FOR:</b> |
|---------------------|------------------------------|----------------------------------|---|

|                                   |  |   |
|-----------------------------------|--|---|
| (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<br><input type="checkbox"/> Male <input type="checkbox"/> Female | (7) Date of Birth | (8) Marital Status<br><input type="checkbox"/> Married <input type="checkbox"/> Divorced<br><input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separate | (9) Occupation | (10) Present Citizenship |
|--|-------------------|---|----------------|--------------------------|

|  |             |
|--|-------------|
| (11) Full Residential Address<br>FULL POSTAL ADDRESS ( IF DIFFERENT) | Telephone # |
|--|-------------|

|                           |                |   |   |
|---------------------------|----------------|---|---|
| (12) Passport Details (#) | Place of Issue | Date of Issue<br>9/27/2011<br>Mo Day Yr / / | Valid Until<br>9/26/2021<br>Mo Day Yr / / |
|---------------------------|----------------|---|---|

(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 | (15) Proposed Dates of:                            |
| 2 years             | Mo Day   |
| Months Days         | (A) Arrival in the Marshall Islands. .... / .....  |
|                     | (B) Departure for the Marshall Island .... / ..... |

(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 None |                |                  |               |             |
| 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

Been convicted of a criminal offence in any country?

Been deported from any country?

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 item.

DECLARE THAT:

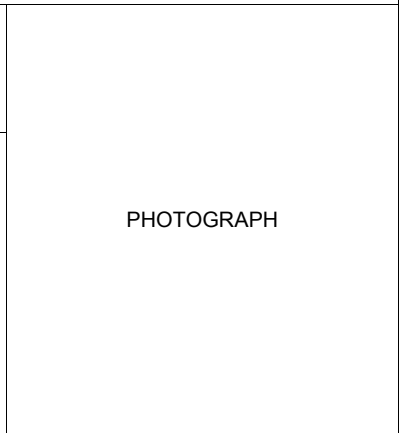
- I have sufficient funds to support myself and all dependent members of my family during the period of the visit.

- 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 Republic.

- 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 OR 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

**FOR OFFICIAL USE ONLY**

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