



Government of Fiji

PASSPORT APPLICATION FORM

Serial Number

Serial Number input box

(Office use only)

New Passport No

New Passport No input box

(Office use only)

Attach 2 recent full face passport colour photos measuring 3.5cm 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)

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: Birth Place:
6. Marital Status: Single: Married: Widowed: Divorced:
7. Personal Height: Colour of Eyes: Colour of Hair:
8. Visible Distinguishing Marks:
9. Occupation: Name of Employer:
10. Address of Employer:
11. Applicant's Full Residential Address
12. Correspondence Address:
13. Phone: Business:
14. Fax No. Email:

- 15. Part A: Documents required when applying for first issue: (attach originals where applicable and quote number)
tick box [X]
Birth Certificate, Marriage Certificate, Divorce Certificate, Deed Poll Papers, Adoption Papers, Death Certificate, Naturalization Certificate, Registration Certificate, 2 Full Face Colour Photos, FNPF, Credit Card, Drivers Licence, Electricity Bill, Water Bill, School Report

- 16. Part B: Documents required if applying for a replacement passport tick box [X]
(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 and that I am not a citizen or national of any other country. I certify that I possess no other 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 passport or travel since the Passport or Travel Document No. was issued to me.

Applicant's Signature:
Date:
Thumb Print:

Thumb Print box

Applicant's Signature:

Applicant's Signature box

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 understand 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: \_\_\_\_\_

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### Office Use Only

#### Vetting Officer

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Lodged Date: \_\_\_\_\_

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#### Cashier

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Revenue Receipt No: \_\_\_\_\_

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#### VDU Check

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Certified from the Computer Records that the applicant previously held:

Fiji Passport No:: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_

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#### VDU Operator – Application Entered

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Passport Officer Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_