



Government of Fiji
PASSPORT APPLICATION FORM

Serial Number

[Empty box for Serial Number]

(Office use only)

New Passport No.

[Empty box for New Passport No.]

(Office use only)

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)

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 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

Part B: Documents required if applying for a replacement passport

tick box

- (i) If passport is full, expired or mutilated, attach passport only
(ii) If passport is lost or damaged but still valid, attach:
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:

[Empty box for Thumb Print]

Applicants signature:

[Empty box for 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: _____