



**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	
(4) Previous or Alternative Names		(3) Name in the Ethnic Script (If Applicable)	
(6) Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		(7) Date of Birth	
(8) Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separate		(9) Occupation	
		(10) Present Citizenship	

(11) Full Residential Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 FULL POSTAL ADDRESS ( IF DIFFERENT ) \_\_\_\_\_

(12) Passport Details (#)	Place of Issue	Date of Issue Mo Day Yr 9/27/2011	Valid Until Mo Day Yr 9/26/2021
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(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	2 years	(15) Proposed Dates of:	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:

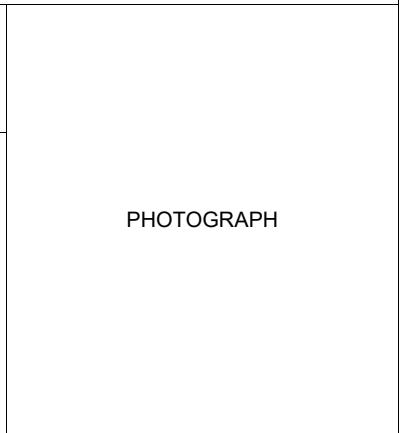
- I have sufficient funds to support myself and all dependent members of my family during the period of the visit.

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