



**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.**  
**VISA APPLICATION**

Date Submitted: 填遞交申請日期  
 Initials: (簡簽)

首次申請勾此

<b>APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal		<b>TYPE OF VISA YOU ARE APPLYING FOR:</b> 旅遊填: V-1 Visitor	
(1) Family Name 姓 (跟護照)	(2) First or Given Names 名 (跟護照)	(3) Name in the Ethnic Script (If Applicable) (不用管)	
(4) Previous or Alternative Names (曾改名在此填寫)	(5) Particulars of Birth (Town/Province) 出生地 (城市/省份)	Country 出生國家	
(6) Sex 性別 <input type="checkbox"/> Male <input type="checkbox"/> Female	(7) Date of Birth 月/日/年/年/年/年	(8) Marital Status 婚姻狀況 <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separate	(9) Occupation 職業
(10) Present Citizenship 現時國籍 (澳門、香港填 Chinese)			(11) Full Residential Address FULL POSTAL ADDRESS (IF DIFFERENT) 通訊地址及聯絡地址 (如一樣只需填一次)
(12) Passport Details (#) 護照號碼	Place of Issue 護照發出地	Date of Issue 9/27/2011 Mo Day Yr 護照發出日期	Valid Until 9/26/2021 Mo Day Yr / / 護照到期日
(13) Purpose of Intended visit to the Republic of the Marshall Is: 到馬紹爾的目的 Holiday - Intended Address..... 渡假 (填住宿地址) Business - Address of Business contact and telephone number..... 因公 (填拜訪的企業聯絡方式及電話號碼) Visit Relatives - Name, Address and relationship..... 探親 (填親人名字、地址、關係) Medical Treatment - Name Address of Doctor/Hospital..... 就醫 (填醫院的地址) Residence in the Republic of the Marshall Islands. If so, would you like to receive additional advice/information? YES [ ] NO [ ] (不用管)			
(14) Length of Stay 預計停留時長 Months Days 2 years 官方給的範例不用管		(15) Proposed Dates of: (A) Arrival in the Marshall Islands. Mo Day 預計到達及 (B) Departure for the Marshall Island ...../..... 離開的日期	
(16) Have you or has anyone included in the Application ever applied for a Visa or travelled to the Republic of the Marshall Islands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", provide details. 你或同行人士有否曾申請簽證或曾到訪過馬紹爾群島			
(17) Particulars of Accompanying Children included in My Passport None 如果你的護照中有子女的資料他們亦同行, 則填寫相關資料			
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 你或同行的家屬有沒有以下紀錄 <input type="checkbox"/> Suffered from any dangerous contagious disease such as tuberculosis? 傳染病如肺結 <input type="checkbox"/> Suffered from any mental illness 精神病 <input type="checkbox"/> Been convicted of a criminal offence in any country? 曾犯法 (指有案底) <input type="checkbox"/> Been deported from any country? 被其他國家驅逐出境			
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.			PHOTOGRAPH 在此貼上 2吋 x 2吋 彩色大頭照 (近似大小亦可)
親筆簽名 (SIGNATURE)			月/日/年/年/年/年 Mo Day Yr

官方給的範例不用管

FOR OFFICIAL USE ONLY									
DECISION		INTERVIEW		ENTRY		PERIOD OF STAY		VALIDITY	
<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				
<input type="checkbox"/> V-1	Visitor	Single	3 Months	<input type="checkbox"/> B-1	Business	Multiple	2 Years	VISA NUMBER	
<input type="checkbox"/> S-1	Student	Multiple	1 Year	<input type="checkbox"/> T-1	Transit	Single	3 Days	VISA CATEGORY	
<input type="checkbox"/> D-1	Diplomatic	Multiple	2 Years	<input type="checkbox"/> R-1	Resident	Multiple	5 Years	DATE OF ISSUE	
<input type="checkbox"/> G-1	General	Multiple	2 Years	<input type="checkbox"/> E-1	Work	Multiple	2 Years	AUTHORIZED OFFICIAL	
						Mo Day Yr / /			

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