



FIJIAN IMMIGRATION DEPARTMENT

Applicant Declaration

1. I declare the information given is complete, correct and up-to-date.
2. I understand that a decision on this application will be made on the basis of the documentation I have provided to the Fijian Immigration Department.
3. I am aware this Application may be unsuccessful if all required documentation is not provided at time of lodgement.

Signature: _____ Date: _____

NO.	APPLICATION FOR NEW WORK PERMIT-VOLUNTEER CHECKLIST	NEW	
		YES	NO
1	Completed and signed application form		
2	Certified copy of applicant's bio-data page of passport		
	<ul style="list-style-type: none"> • Two [2] certified photographs 		
	If accompanied by family members [Proof of relationship to be submitted]		
	<ul style="list-style-type: none"> • Marriage Certificate [If legally married] • Birth Certificate [Children] 		
3	Request letter from the Organization		
	<ul style="list-style-type: none"> • Company profile/ background • Position Description • Roles of the position • Special requirements for the position • Detailed justification for the need of the position 		
4	Police Report for principal applicant		
	Police Report for spouse [if accompanied]		
5	Medical Report for principal applicant		
	Medical Report for spouse [if accompanied]		
	Medical Report for child [if accompanied]		
6	Curriculum Vitae [CV]		
	<ul style="list-style-type: none"> • Certified copies of academic qualifications • Certified copies of references for proof of work experience 		
7	Contract of Employment		
8	FRCA Tax Compliance Certificate/ Registration of the Organization (if applicable)		
9	Endorsement from related Authorities <ul style="list-style-type: none"> • Medical • Disaster relief • Church/School etc. 		
10.	Copy of Vaccination Card		
11.	Application fees		\$452.00
12.	Email		
13.	Contact Details		

<i>For official use only</i>		
i	CSO - Name:	Date:
ii	Customer - Name/Phone/E-mail:	Date:
iii	CSO's comments on pending documents (First Vetting):	Date:
	CSO's comments on pending documents (Second Vetting):	Date:
Final checks and endorsement		
iv	CSO Name:	Date Received:
PLEASE ENSURE THAT ALL DOCUMENT SUBMITTED ARE IN ENGLISH ONLY AND INCOMPLETE APPLICATION WILL NOT BE ACCEPTED		