



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: _____

**APPLICATION FOR EXTENSION OF WORK PERMIT
[THREE (03) MONTHS] - (COVID-19) CHECKLIST**

Note: Each dependent will be required to pay issue fees of \$180.00 with the application		For Official Use Only	
		NEW	EXT
1	▶ Request letter from the employer ✓ Position Description ✓ Roles of the position ✓ Special requirements for the position ✓ Detailed justification for the need of the position		
2	▶ Certified copy of applicants bio data page ▶ Certified copy of dependents bio data page (<i>if applicable</i>)		
3	▶ Certified copy of applicants permit stamp ▶ Certified copy of dependents permit stamp [If applicable]		
4	▶ Revised contract (<i>start and end dates</i>)		
5	Copy of Vaccination Card		
Application Fees		\$632.00	
For official use only			
	CSO Name:	Date:	
	Customer Details: • Name: • Email: • Phone No.:	Date:	
	CSO Comment (First Vetting):	Date:	

	CSO Comment (Second Vetting):	Date:
Final Checks and Endorsement		
	CSO Name:	Date:
PLEASE ENSURE THAT ALL DOCUMENT SUBMITTED ARE IN ENGLISH ONLY AND INCOMPLETE APPLICATION WILL NOT BE ACCEPTED		