

## 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 lodgment.

Signature: Date:	
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NO.	APPLICATION FOR BALAN	ICE OF INVESTOR PERMIT CHECKLIST	YES	NO
1.	Letter of Request from the Com	pany [Organization/Company Letterhead]	113	110
	Company Profile/Background			
	Proposed Level of Investment [Total funds & fixed Asset] and Employment			
	Confirmed location [if any changes of address]			
	Company's Contact Details:			
	Email Address:-			
	Postal Address:-			
	Phone Contact:-			
	Confirmed No. of Locals employ	yed		
2.	Progressive Report from Investment Fiji			
3.	Letter from RBF (Level of Inves			
4.	Valid Tax Compliance Certifica			
5.	Company Registration Certificat			
6.	Latest Local Company Bank Statement			
7.	Fiji National Provident Fund Compliance Letter			
8.	Copy of Vaccination Card			
9	Medical Report for Principal Applicant			
	Medical Report for Spouse			
	Medical Report for Children			
10	Certified copy of Applicant's passport bio-data pate			
	Certified copy of Spouse passport bio-data page			
		en's passport bio-data page		
11	Copy of <b>LATEST</b> Fijian Immigration Permit Stamps (Applicants & Dependents)			
12	Application fees		N	/A
13	Email	,		
14	Contact Details			
	For official use only			

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i	CSO - Name:	Date:			
ii	Customer Details:-	Date:			
	Name:				
	• Phone:				
	• E-mail:				
iii	CSO's comments on pending documents (First Vetting):	Date:			
	CSO's comments on nonding decomments (Second Vetting).	Datas			
	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.					

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