[Legal Notice No. 111]

IMMIGRATION ACT 2012

IMMIGRATION (FEES) REGULATIONS 2013

IN exercise of the powers conferred by section 93 of the Immigration Act 2012, I, ELIJAH DORO MUALA, Minister of Commerce, Industries, Labour and Immigration, do hereby make the following regulations.

1. Short title and commencement

These regulations may be cited as the Immigration (Fees) Regulations 2013 and commence on a date to be appointed by the Minister by notice in the *Gazette*.

2. Definitions

- (1) An expression that is defined in the Immigration Act 2012 or the Immigration Regulations 2013 has the same meaning in these regulations as it has in the Act or regulations.
- (2) In these regulations, unless the contrary intention appears:

"Act" means the Immigration Act 2012;

"fee-free entry list" means the list published by the Minister under section 20(2) of the Act.

3. Application and grant fees

For the purposes of section 20(1) of the Act, the following fees are prescribed for a visa of a class specified in an item in column 1 of the table:

- (a) the application fee specified for that item in column 2 or 3, whichever applies in relation to the circumstances of the application; and
- (b) the grant fee specified for that item in column 4.

Column 1 Class of visa	Column 2 Application fee for application made outside Solomon Islands	Column 3 Application fee for application made in Solomon Islands	Column 4 Grant fee	
visitor visa	not applicable	\$200	none	
extended stay visitor visa	not applicable	\$700	none	
business visa	not applicable	\$200	none	
long-term employment visa	\$400	\$400	\$1,900	
provisional investor visa	\$400	\$400	\$1,900	
established investor visa	\$400	\$400	\$1,900	
family relationship visa	\$200	\$500	\$1,000	
foreign national dependant visa	\$200	\$500	\$1,000	
student visa	\$200	\$400	none	
special purpose visa	\$300	\$300	none	
refugee protection visa	not applicable	none	none	
trafficked person visa	not applicable	none	none	

Column 1 Class of visa	Application fee for application		Column 4 Grant fee	
protected person re-entry visa	not applicable	\$100	none	
border visa	not applicable	none	none	

4. Payment of grant fee

If a grant fee is specified in regulation 3 for a visa of a class, the fee must be paid by the time the visa is granted to the person applying for the visa.

5. Conversion fee

This table has effect for the purposes of section 20(1) of the Act.

If a person who holds this class of visa:	Applies for this class of visa:	This conversion fee applies:	
visitor visa	long-term employment visa	\$7,000	
business visa	long-term employment visa	\$7,000	
visitor visa	provisional investor visa	\$7,000	
business visa	provisional investor visa	\$2,000	
visitor visa	family relationship visa	\$1,000	
business visa	family relationship visa	\$1,000	

6. Fee in relation to arrival of aircraft or vessel

For the purposes of section 43(1)(i) of the Act, the following fees are prescribed:

- (a) for a yacht arriving at a designated port, if the master of the yacht has not given an immigration officer a maritime entry advance notification within the meaning of the Act \$300;
- (b) for any other vessel \$400;
- (c) for an aircraft \$400.

7. Fee in relation to departure of aircraft or vessel

For the purposes of section 47(1)(e) of the Act, the following fees are prescirbed:

- (a) for a yacht \$300;
- (b) for any other vessel \$400;
- (c) for an aircraft \$400.

8. Application fee for review of decision

For the purposes of section 90(4)(b) of the Act, the prescribed fee is \$700.

DATED AT HONIARA this twentieth-ninth day of November, 2013.

HON. ELIJAH DORO MUALA Minister for Commerce, Industries, Labour and Immigration

GAZETTE NOTICE ESTABLISHING A POINTS TEST FOR PURPOSES OF REGULATION 38 OF THE IMMIGRATION REGULATIONS 2013

- 1. For the purposes of regulation 38 of the Immigration Regulations, an applicant for provisional investor visa passes the points test if the assessing officer awards the applicant at least 5 points.
- 2. If the assessing officer is satisfied that the applicant meets a criterion set out in Column 1 in relation to the investment activity in respect of which the application is made, the officer must award the applicant the number of points specified for that criterion in Column 2.

Column 1 Criteria	Column 2 Number of points to be awarded
Commitment to capital investment in the investment activity of at least \$7 million in the first 12 months of the acitivity	4
Commitment to capital investment in the investment activity of less than \$7 million but at least \$2 million in the first 12 months of the activity	3
Commitment to capital investment in the investment activity of less than \$2 million in the first 12 months of the activity	2
Demonstrated capital availability (liquid assets) to the investment activity of at least \$2 million	1
Applicant has a previous record of successful business activity	1
Applicant has qualifications relevant to the investment activity	1
The applicant has relevant substantial experience in investment activity of the same or a similar kind to the investment activity	1
There is a plausible business plan for the investment activity	1

DATED AT HONIARA this twentieth-ninth of November, 2013.

HON. ELIJAH DORO MUALA

Minister for Commerce, Industries, Labour and Immigration

Honiara, Solomon Islands
Printed under the authority of the
Solomon Islands Government

Printed by Pacific Printers Limited.



APPLICATION FOR A VISITOR VISA

Form 1 (Regulation 12)

NOTE: This application attracts a fee of SBD\$200 if the application is made in the Solomon Islands. This fee must be paid to the Ministry of Finance and the receipt attached to the application before the application will be accepted and processed. No fee applies to applications made outside the Solomon Islands.

Attach Photograph Here

Full Name (as shown in passport):				
Sex:	Marital Status: Never Married			
vate of Birth://	Place of Birth:			
Nationality:	Occupation:			
Passport Number:	Place of Issue:			
Date of Issue:/20	Date of Expiry:	.//20		
Do you have any minor dependents	included in your passport travelling w	ith you: 🔲 1	No Yes (please give	details):
Name	Date	of Birth	Relationship	
		//		
		//		
Address while in the Solomon Islan	nds:			
Reason for the visa: Tourism [☐ Visiting Family/ Friends □	Date of Arrival	in the Solomon Islands	//20
Do you have any relatives, contacts	s or friends in the Solomon Islands:	No □ Ye	s (please provide details):	
Name	Relationship		Address	
(Note: For the purpose of section 2	the Solomon Islands: Months	in the Solomo	on Islands for a visitor is 6	
Date of your flight or vessel's depa (Note: Evidence of your onward jo	rture from the Solomon Islands:/. urney will have to accompany this appl	/20 lication)		
How will you finance your stay: [Own Finances (please provide evide	nce) 🗆 Spo	nsor (please give details):	
Name	Relationship		Address	

Have you previously travelled to the Solomon Islands: ☐ No ☐ Yes (please provide details of last two	visits):	
Date of Arrival Date of Departure Purpose of Trip		
//	•••••	
Have you ever been convicted of a criminal offence, refused entry, deported or required to depart any country	ry: 🗆 No	☐ Yes
If Yes please provide details:		
Have you been diagnosed or treated for a public health risk such as tuberculosis:	□ No	□Yes
If Yes please provide details:		
NOTE: Employment is prohibited under this visa		
I declare that the information provided in this application is true and correct.		
	/20 ate	
FOR OFFICAL USE ONLY		
Date and Time Received:/20		
Received from:		
Received by:		
Records check undertaken: Yes Date/20 Signature:		
Decision;		
	•••••	
	••••••	······································
Visa Details:		
Date of Issue:/20 Valid to:/20 orDays Class: Tourist \(\subseteq \)	isiting Famil	y/Friends
Additional remarks		
	20	
Officers signature Date		



APPLICATION FOR AN EXTENDED STAY VISITOR VISA

Form 2 (Regulation 17)

NOTE: This application attracts a fee of SBD\$700 that must be paid to the Ministry of Finance and the receipt attached to the application before the application will be accepted and processed.

If the information provided in this application is subsequently found to be false and misleading then the applicant will be subject to prosecution and could face a fine not exceeding 5,000 penalty points and/or a term of imprisonment not exceeding 6 months under section 62 of the Migration Act 2012.

Attach Photograph Here

Full Name (as shown in passport):					•••••
Sex: Male Female	Marital Status: Never Married	☐ Married	☐ Divorced/Separate	ed 🗆 W	'idowed
Date of Birth://	Place of Birth:			•••••	
Nationality:	Occupation:				
Passport Number:	Date and Place of E	ntry:/	/20,	*********	
Address while in the Solomon Isla	ınds:		•••••		
Reason for the visa: Conti	nue holiday 🗆 Continue	visiting family/	friends		
Please state the compelling special	l circumstances that warrant the grant of	this visa:			
				•••••	
	the Solomon Islands: Months 22(c) of the Migration Act 2012 the manapproved sponsor, otherwise it is 6 mon	kimum continuo		Islands fo	or a
	arture from the Solomon Islands:/. ourney will have to accompany this appl				
How will you finance your extend	ed stay: Own Finances (please pro	vide evidence)	☐ Sponsor (please g	ive sponso	or's
details and evidence of the lodgme	ent of the required bond if the period of	stay exceeds 6	months:		
				•••••)
Have you ever been convicted of a	a criminal offence, refused entry, deport	ed or required t	o depart any country:	□ Yes	□ No
If Yes please provide details:					
Have you been diagnosed or treate	ed for a public health risk such as tuberc	ulosis in the pa	st twelve months:	☐ Yes	□ No
If Yes please provide details:		**************			
I declare that the information prov	vided in this application is true and corre	ect.			
Signature of	Applicant	*****	// Date	20	



APPLICATION FOR A BUSINESS VISA

Form 3 (Regulation 21)

NOTE: This application attracts a fee of SBD\$200 if the application is made in the Solomon Islands. This fee must be paid to the Ministry of Finance and the receipt attached to the application before the application will be accepted and processed. No fee applies to applications made outside the Solomon Islands.

Attach Photograph Here

Full Name (as shown in passport)	:		••••••	
Sex:	Marital Status: Never Married	☐ Married	☐ Divorced/Separated	□ Widowed
Date of Birth:/	Place of Birth:			(
Nationality:	Occupation:			• • • • • • • • • • • • • • • • • • • •
Passport Number:	Place of Issue:			•••••
Date of Issue:/20	Date of Expiry:	//20		
Do you have any minor dependen	ats included in your passport travelling v	with you: 🗆 1	No □ Yes (please give	details):
Name	Da	te of Birth	Relationship	
		//	·······	
		/		
Address while in the Solomon Isl	ands:			
Reason for the visa: Business	☐ Conference	Date of Arrival	in the Solomon Islands	//20
Do you have any relatives, contac	ets or friends in the Solomon Islands:	□ No □ Ye	s (please provide details):	Ç
Name	Relationship		Address	
				••••••
(Note: For the purpose of section	the Solomon Islands: Months 22(c) of the Migration Act 2012 the star of the Act a holder of a business visa is calendar year.)	ay in the Solomo	on Islands for a business vi	
	parture from the Solomon Islands: journey will have to accompany this ap			
How will you finance your stay:	☐ Own Finances (please provide evid	lence) 🗌 Spo	onsor (please give details):	
Name	Relationship		Address	

Date of Arrival Date of Departure Purpose of Trip Date of Arrival Date of Departure Purpose of Trip Purpose of Trip Date of Arrival Date of Arrival Purpose of Trip Purpose of Trip Date of Arrival Date of Applicant Purpose of Trip	□ No	☐ Yes
Have you ever been convicted of a criminal offence, refused entry, deported or required to depart any country: If Yes please provide details: Have you been diagnosed or treated for a public health risk such as tuberculosis: If Yes please provide details: NOTE: Employment is prohibited under this visa. I declare that the information provided in this application is true and correct.	□ No	☐ Yes
Have you ever been convicted of a criminal offence, refused entry, deported or required to depart any country: If Yes please provide details: Have you been diagnosed or treated for a public health risk such as tuberculosis: If Yes please provide details: NOTE: Employment is prohibited under this visa. I declare that the information provided in this application is true and correct.	□ No	□ Yes
If Yes please provide details: Have you been diagnosed or treated for a public health risk such as tuberculosis: If Yes please provide details: NOTE: Employment is prohibited under this visa. I declare that the information provided in this application is true and correct.	□ No	□Yes
Have you been diagnosed or treated for a public health risk such as tuberculosis: If Yes please provide details: NOTE: Employment is prohibited under this visa. I declare that the information provided in this application is true and correct.	□ No	□Yes
If Yes please provide details: NOTE: Employment is prohibited under this visa. I declare that the information provided in this application is true and correct.		□Yes
NOTE: Employment is prohibited under this visa. I declare that the information provided in this application is true and correct.		
I declare that the information provided in this application is true and correct.	/20	
	/20	
Programme and the second secon	/20	
FOR OFFICAL USE ONLY		
Date and Time Received:/20		
Received from:		
Received by:		
Records check undertaken: Yes Date/20 Signature:		
Decision: Accept Declined (for the following reasons):		• • • • • • • • • • • • • • • • • • • •
······································		
<u></u>		
Visa Details:		
Date of Issue:/20 Valid to:/20 orDays Class: Tourist Visit	ting Famil	ly/Friends
Additional remarks		
//20		
Officers signature Date		



APPLICATION FOR A SHORT-TERM EMPLOYMENT VISA

Form 4 (Regulation 26)

NOTE: This application must be submitted accompanied by a sponsorship form completed by the sponsor.

If the information provided in this application is subsequently found to be false and misleading then the applicant and/or the sponsor will be subject to prosecution and could face a fine not exceeding 5,000 penalty points and/or a term of imprisonment not exceeding 6 months under section 62 of the Migration Act 2012.

Attach Photograph Here

				<u>,</u>	"s"
Full Name (as shown in passport):	·	••••••	***************************************	****	
Sex: ☐ Male ☐ Female	Marital Status: Never	Married	☐ Married	☐ Divorced/Separated	☐ Widowed
Date of Birth:/	Place of Birth:				
Nationality:	Occupatio	on:			•
Passport Number:	Place of Is	ssue:	•••••		••••••
Date of Issue:/20	Date of E	xpiry:	.//20		
Address while in the Solomon Islan	nds:	• • • • • • • • • • • • • • • • • • • •			
Date of Arrival in the Solomon Isla	ınds/20				
Do you have any relatives, contacts	or friends in the Solomon Is	slands: 🗆	No □ Yes	(please provide details):	
Name	Relationship			Address	
Sponsor's Details:	•••••				
Describe the employment you will	be undertaking in the Solom	on Islands:			
		•••••			
What skills do you hold that enable	you to undertake the employ	yment refe	rred to above (J	please provide evidence of	qualifications)
					• • • • • • • • • • • • • • • • • • • •
· · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •
How long do you intend to stay in (Note: For the purpose of section 2 visa is 6 weeks. For the purposes o in the Solomon Islands for a combination of the section of the se	22(c) of the Migration Act 20 f section 22(d) of the Act a h	112 the stay older of a s	short-term emp	n Islands for a short-term	
Date of your flight or vessel's depa (Note: Evidence of your onward jo					
How will you finance your stay:	☐ Own Finances (please pro	ovide evide	nce) 🗆 Spor	nsor	
Have you previously travelled to the	ne Solomon Islands: 🔲 No	☐ Yes	s (please provid	le details of last two visits):

	Date of Arrival	Date of Departure	Purpose of Trip		
	/	//			
	//	/			
Have y	ou ever been convicte	ed of a criminal offence, refuse	ed entry, deported or required to depart any country:	□ No	☐ Yes
If Yes	please provide details	·			•••••
Have y	ou been diagnosed or	treated for a public health risk	such as tuberculosis:	□ No	□Yes
If Yes	please provide details	:			• • • • • • • • • • • • • • • • • • • •
		ist only work for the visa holied by an approved sponsors	lder's approved sponsor. If the holder wishes to c ship form is required.	hange spo	nsors, a
I decla	re that the information	n provided in this application i	s true and correct.		
			,	10.0	
·······	Signat	ure of Applicant	/		
()					
					
		FOR O	FFICAL USE ONLY		
Date a	nd Time Received:	//20			
Receiv	ed from:				•••••
Receiv	ved by:			• • • • • • • • • • • • • • • • • • • •	
Record	ds check undertaken:	☐ Yes Date/	/20 Signature:		
Sponso	orship acceptable:	☐ Yes Date approved	by Director/20		
Qualif	ications appropriate for	or the tasks required: Yes	s 🗆 No		
Pecisi	on: 🗆 Accept	☐ Declined (for the following)	owing reasons):		
1 2 186 11 186				• • • • • • • • • • • • • • • • • • • •	
				• • • • • • • • • • • • • • • • • • • •	
Visa D	Details:				
Date o	of Issue:/20	Valid to:/2	0 orDays		
Additi	onal remarks				
			/20		
(Officers signature		Date		



SOLOMON ISLANDS GOVERNMENT IMMIGRATION DIVISION MINISTRY OF COMMERCE INDUSTRIES LAI

MINISTRY OF COMMERCE INDUSTRIES LABOUR AND IMMIGRATION

APPLICATION FOR A LONG-TERM EMPLOYMENT VISA

Form 5 (Regulation 31)

NOTE: This application attracts a fee of SBD\$400. This fee must be paid to the Ministry of Finance and the receipt attached to the application before the application will be accepted and processed. A further fee of SBD\$1,900 applies to the granting of the visa. Again this must be paid to the Ministry of Finance and no visa will be issued until evidence of this fee is provided.

Attach Photograph Here

If the applicant is the holder of a visitor visa or business visa and is applying to convert this to a long-term employment visa, an additional fee of SBD\$7,000 applies.

This application must be submitted accompanied by a sponsorship form completed by the sponsor and a copy of the work permit granted by the Commissioner for Labour under the Labour Act.

Full Name (as shown in passport): .				***************************************
Sex: Male Female	Marital Status: Never Married	☐ Married	☐ Divorced/Separated	☐ Widowed
Date of Birth:/	Place of Birth:			
Nationality:	Occupation:			•••••
Passport Number:	Place of Issue:			•••••
Date of Issue:/20	Date of Expiry:	//20		
Address while in the Solomon Island	ds:			••••
Date of Arrival in the Solomon Islan	nds/20			
Are you a dependent of the primary	visa applicant: 🗆 No 🕒 Ye	s (please provide	their details):	
Name			Relationship	-
Do you have any relatives, contacts	or friends in the Solomon Islands:	□ No □ Ye	s (please provide details):	
Name	Relationship		Address	

Sponsor's Details:				•••••
Describe the employment you will	oe undertaking in the Solomon Island	ls:		
		•••••		
	he Solomon Islands: Years 2(c) of the Migration Act 2012 the st			

Have you previously travelled	i to the Solomon Islands: \(\sime\) \(\lambda\)	No Yes (please provide details of last two vi	isits):	
Date of Arrival	Date of Departure	Purpose of Trip		
//	//			
//	/			,
Have you ever been convicted	d of a criminal offence, refused	entry, deported or required to depart any country:	□ No	□ Ye
If Yes please provide details:				
Have you been diagnosed or	treated for a public health risk so	uch as tuberculosis:	□ No	□Y€
If Yes please provide details:		·		
the holder wishes to change	sponsors, a new application a	er's approved sponsor in the job specified in the accompanied by an approved sponsorship form a unless they hold a valid Solomon Islands work	and a new	
I declare that the information	provided in this application is t	rue and correct.		
			/20	
	re of Applicant	/		
Received from:	☐ Yes Date//2	20 Signature:		
brk Permit attached:	☐ Yes			
Decision:	☐ Declined (for the follow	ring reasons):		
Visa Details: Date of	of Issue:/20 V	alid to:/20 or Years Months .	Days	
Additional remarks				
		//20.		
Officers signature		Date	-	
DiDiatare		Date		



APPLICATION FOR A PROVISIONAL INVESTOR VISA

Form 6 (Regulation 36)

NOTE: This application attracts a fee of SBD\$400. This fee must be paid to the Ministry of Finance and the receipt attached to the application before the application will be accepted and processed. A further fee of SBD\$1,900 applies to the granting of the visa and liability to pay this fee will be notified to applicants if their application is successful. Again this must be paid to the Ministry of Finance and no visa will be issued until evidence of this fee is provided.

Attach Photograph Here

If the applicant is the holder of a visitor visa and is applying to convert this to a provisional investor employment visa, an additional fee of SBD\$7,000 applies. If the applicant is the holder of a business visa and is applying to convert this to a provisional investor visa, an additional SBD\$2,000 applies.

Evidence of registration of the activity under the Foreign Investment Act 2005 must accompany this application.

Successful applicants will be required to provide the Director of Immigration with a progress report after each year of the visa.

Full Name (as shown in passport):				***************************************
Sex: Male Female	Marital Status: Never Married	☐ Married	☐ Divorced/Separated	☐ Widowed
Date of Birth:/	Place of Birth:	• • • • • • • • • • • • • • • • • • • •		.,,
Nationality:	Occupation:	•••••		
Passport Number:	Place of Issue:			
Date of Issue:/20	Date of Expiry:	.//20		
Address while in the Solomon Islan	nds;			
Date of Arrival in the Solomon Isla	ands/20	·		N. J.
Do you have any relatives, contacts	s or friends in the Solomon Islands: \Box	No □ Yes	s (please provide details):	
Name	Relationship		Address	
		• • • • • • • • • • • • • • • • • • • •		
		•••••		
Describe the investment activity yo	ou will be undertaking in the Solomon I	slands:		
Describe your skills and experience	e that enable you to undertake the inves	tment activity	mentioned above (attach	our CV):
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		************		

How	much money do you have	e available for the follow	ing activities:			
Capi	tal investment in the inves	stment activity:	SBD\$	•••••	••••	
Settl	Settlement and living expenses for you and your family: SBD\$					
only Boni poin	available from one of the us Points section. Please ut ts as the application fee is	categories listed in the C ndertake an assessment a non-refundable. An offic	are required to pass a points test (be ore Points section, but are available nd only lodge the application if you er will make a final determination ay differ from your own assessmen	e in more than one a consider that you of the actual points	category in score the	n the required 5
Core	e Points			Points Available	Points Claimed	Points Allocated
Com	mitment to capital investm	nent of at least SBD\$7 m	illion in the first 12 months	4		
			-7 million in the first 12 months	3		
——		nent of between SBD\$ 1	-2 million in the first 12 months	2	·	ļ
Bon	us Points			-		
Dem	onstrated capital available	(liquid accets) of at least	t SBD\$ 2 million in first 12 months	1		
	onstrated previous record			1		
	ession of qualification rele			1		
	onstrated experience relev			1		
lis	tence of a plausible busine	ess plan for the proposed	investment activity	1		
Ĺ			TOTAL POI	NTS		<u> </u>
How (Not	long do you intend to state: For the purpose of sect years.)	y in the Solomon Islands ion 22(c) of the Migratio	n Act 2012 the stay in the Solomon	Days Islands for a prov	 isional inv	ŕ
Have	e you previously travelled		-		visits):	
<u>\</u>	Date of Arrival	Date of Departure	Purpose of T	пр		
s.)		//				***************************************
Have			fused entry, deported or required to			
If Y	es please provide details: .				· · · · · · · · · · · · · · · · · · ·	•••••
Hav	e you been diagnosed or to	reated for a public health	risk such as tuberculosis;		□ No	o ∐Yes
If Y	es please provide details:					
Inverse the generation	stment Act 2005 relating t register the activity un	g to the grant of this vising the Foreign Investment the new activity must activity for the Solomo		ange the investme gration requirem	nt activity ents as the	, they y relate to
				/	/20	
	Signatur	re of Applicant		Da	ite	

FOR OFFICAL USE ONLY

Date and Time Received:/20
Received from:
Received by:
Records check undertaken: Yes Date/20 Signature:
Evidence of Registration under the Foreign Investment Act 2005:
Is there any other holder of a provisional investor visa or established investor visa in relation to the proposed investment activity:
□ No □ Yes (who is that person)
Ability to pass the points test: ☐ No ☐ Yes What was the final score:
Decision:
☐ Accept ☐ Declined (for the following reasons):
Visa Details:
Date of Issue:/20 Valid to:/20 or Years Months Days
Additional remarks
//20
Officers signature Date



APPLICATION FOR AN ESTABLISHED INVESTOR VISA

Form 7 (Regulation 42)

NOTE: This application attracts a fee of SBD\$400. This fee must be paid to the Ministry of Finance and the receipt attached to the application before the application will be accepted and processed. A further fee of SBD\$1,900 applies to the granting of the visa and liability to pay this fee will be notified to applicants if their application is successful. Again this must be paid to the Ministry of Finance and no visa will be issued until evidence of this fee is provided.

Attach Photograph Here

To be eligible to apply for this visa the applicant must be the holder of a provisional investor visa or an established investor visa.

Evidence of registration of the activity under the Foreign Investment Act 2005 and the ongoing management of the activity by the applicant must accompany this application.

Full Name (as shown in passport):
Sex: Male Female Marital Status: Never Married Married Divorced/Separated Widowed
Date of Birth:/ Place of Birth:
Nationality: Occupation:
Passport Number: Place of Issue:
Date of Issue:/20 Date of Expiry:/20
Address while in the Solomon Islands:
escribe the investment activity binge undertaking in the Solomon Islands:
Are you employing Solomon Island citizens: \square No \square Yes (how many do you employ)
Is the investment activity involved in generating exports for the Solomon Islands: \Box No \Box Yes
Describe your role in this investment activity:
Are you still a Director of the company involved in the investment activity:
Does anybody else hold either a provisional invest visa or established investor visa in relation to the proposed invest activity:
□ No □ Yes (please provide details:)
How long do you intend to stay in the Solomon Islands: Years Months Days

5 years.)	omon islands for a establish	tea mvest	OI VISA IS
Have you ever been convicted of a criminal offence, refused entry, deported or require	red to depart any country:	□ No	□ Yes
If Yes please provide details:	•••••		
Have you been diagnosed or treated for a public health risk such as tuberculosis:		□ No	☐ Yes
If Yes please provide details:	•••••	••••••	•••••
NOTE: The visa holder must only work in the Solomon Islands in the approved Investment Act 2005 relating to the grant of this visa. If the visa holder wishes to must register the activity under the Foreign Investment Act 2005 and meet the it the new activity, including that the new activity must be providing ongoing emp generating significant export activity for the Solomon Islands.	o change the investment a mmigration requirements	ctivity, t	hey relate to
I declare that the information provided in this application is true and correct.			
Signature of Applicant	// Date	20	
FOR OFFICAL USE ONLY	· 		<u> </u>
Date and Time Received:/20	•••••		
Received from:	•••••		•••••
Received by:	•••••	•••••	
Records check undertaken: ☐ Yes Date/20 Signature:			
Evidence of Registration under the Foreign Investment Act 2005:			
Is there any other holder of a provisional investor visa or established investor visa in	relation to the proposed in	vestment .	activity:
□ No □ Yes (who is that person)	
Decision:			
☐ Accept ☐ Declined (for the following reasons):	•		
Visa Details: Date of Issue:/20 Valid to:/20	. or Years Months	Days	
Additional remarks			
	/20	••	
Officers signature	Date		



APPLICATION FOR A FAMILY RELATIONSHIP VISA

Form 8 (Regulation 46)

NOTE: This application attracts a fee of SBD\$500. This fee must be paid to the Ministry of Finance and the receipt attached to the application before the application will be accepted and processed. A further fee of SBD\$1,000 applies to the granting of the visa and liability to pay this fee will be notified to applicants if their application is successful. Again this must be paid to the Ministry of Finance and no visa will be issued until evidence of this fee is provided.

Attach Photograph Here

If the applicant is the holder of a visitor visa or business visa and is applying to convert this to a family relationship visa, an additional fee of SBD\$1,000 applies.

To be eligible for a family relationship visa the applicant must be either the spouse or child of the sponsor. To be eligible for the grant of the family relationship visa (child), the applicant must be under the age of 18 at the time of the application and their entry must not breach the rights of any other person entitled to lawful custody of the applicant.

application must be accompanied by evidence of the stated relationship (marriage certificate, birth certificate or certificate of adoption) and a completed sponsorship form.

Full Name (as shown in passport): .				
Sex: ☐ Male ☐ Female	Marital Status: Never Married	☐ Married	☐ Divorced/Separated	☐ Widowed
Date of Birth:/	Place of Birth:		•••••	
Nationality:	Occupation:			• • • • • • • • • • • • • • • • • • • •
Passport Number:	Place of Issue:	•••		
Date of Issue:/20	Date of Expiry:	.//20		
who is your sponsor:				
Name	Date	of Birth	Relationship	
•••••		//		
Address while in the Solomon Islan	ds:			
Date of Arrival in the Solomon Isla	nds/20			
Do you have any other relatives, co	ntacts or friends in the Solomon Island	is: 🗆 No [☐ Yes (please provide deta	nils):
Name	Relationship		Address	
			••••	
			•••••	• • • • • • • • • • • • • • • • • • • •
How long do you intend to stay in the Solomon Islands: Years				

Have you previously travelled	to the Solomon Islands:	□No □ Y	es (please provide details of last two v	isits):	
Date of Arrival	Date of Departure		Purpose of Trip		
/	/			•••••	•••••
/	//				
lave you ever been convicted	of a criminal offence, ref	fused entry, depo	rted or required to depart any country:	□ No	□ Y
f Yes please provide details:		•••••		• • • • • • • • • • • • • • • • • • • •	
lave you been diagnosed or t	reated for a public health	risk such as tube	rculosis:	□ No	□Ye
f Yes please provide details:	••••••	•••••			
NOTE: Employment is prob	ibited under this visa un	iless a work pern	nit is granted under the Labour Act.		
declare that the information	provided in this application	on is true and cor	rect		
	provided in time approache	n is true tina cor			
	e of Applicant		/ Date	/20	
B			,		•
			· · · · · · · · · · · · · · · · · · ·		
	EOD	OFFICAL USI	ONLY		
ate and Time Received:			CONLI		
			•••••		
Records check undertaken:			Signature:		
vidence of relationship sight		//20	_		
ponsorship attached:	_		or/20		
Decision:	••	he following reas			
•		-			
/isa Details:	Date of Issue://	20	Valid to:/20		
Additional remarks			•		
,		******	/20.	•••	
Officers signature			Date		



APPLICATION FOR A FOREIGN NATIONAL DEPENDANT VISA Form 9 (Regulation 51)

NOTE: This application attracts a fee of SBD\$500. This fee must be paid to the Ministry of Finance and the receipt attached to the application before the application will be accepted and processed. A further fee of SBD\$1,000 applies to the granting of the visa and liability to pay this fee will be notified to the applicant if their application is successful. Again this must be paid to the Ministry of Finance and no visa will be issued until evidence of this fee is provided.

Attach Photograph Here

To be eligible for a foreign national dependant visa the applicant must be either the spouse or child of a foreign national lawfully in the Solomon Islands on their own visa who can act as a sponsor. To be eligible for the grant of the foreign national dependant visa (child), the applicant must be under the age of 18 at the time of the application and their entry must not breach the rights of any other person entitled to lawful custody of the applicant.

The application must be accompanied by evidence of the stated relationship (marriage certificate, birth certificate or certificate of pption) and a completed sponsorship form.

If the information provided in this application is subsequently found to be false and misleading then the applicant will be subject to prosecution and could face a fine not exceeding 5,000 penalty points and/or a term of imprisonment not exceeding 6 months under section 62 of the Migration Act 2012.

Sex: Male Female Marital Status: Never Marri Date of Birth: Place of Birth: Occupation: Passport Number: Place of Issue:			
Nationality: Occupation:			
Passport Number:		***************************************	• • • • • • • • • • • • • • • • • • • •
	••••••		
Date of Issue:/20 Date of Expiry:	/20		
)ho is your sponsor:			
Name I	Date of Birth	Relationship	
	//		•••••
Address while in the Solomon Islands:	•••••••••		
Date of Arrival in the Solomon Islands/20			
Do you have any other relatives, contacts or friends in the Solomon Islands	ands: 🗆 No	☐ Yes (please provide deta	ails):
Name Relationship		Address	
How long do you intend to stay in the Solomon Islands: Years	Months	Davs	

visa is valid up to the last day of the period of stay for the visa held by the visa holder's sponsor.)

Have you previously travelled to the Solomon Islands: \Box	No
Date of Arrival Date of Departure	Purpose of Trip
////	
////	
Have you ever been convicted of a criminal offence, refused	d entry, deported or required to depart any country: $\ \square$ No $\ \square$ Yes
If Yes please provide details:	
Have you been diagnosed or treated for a public health risk	such as tuberculosis:
If Yes please provide details:	
NOTE: Employment is prohibited under this visa unless	a work permit is granted under the Labour Act.
I declare that the information provided in this application is	true and correct
i deciare that the information provided in this application is	and correct.
Signature of Applicant	//20 Date
Samuel at Flance	
	
FOR OF	FICAL USE ONLY
	/20 Signature:
Evidence of relationship sighted: Yes Date/.	/20 Signature:
Sponsorship attached:	red by Director/20
Decision: ☐ Accept ☐ Declined (for the fo	ollowing reasons):
Visa Details: Date of Issue:/20	Valid to:/20
Additional remarks	
	/20
Officers signature	Date



APPLICATION FOR A STUDENT VISA

Form 10 (Regulation 56)

NOTE: This application attracts a fee of SBD\$400 if the application is made in the Solomon Islands. This fee must be paid to the Ministry of Finance and the receipt attached to the application before the application will be accepted and processed. A fee of SBD\$200 applies to applications made outside the Solomon Islands.

Attach Photograph Here

If the applicant is under the age of 18, evidence of appropriate care arrangements must be provided along with evidence that their entry will not breach the rights of any other person entitled to lawful custody of the applicant.

Applications must be accompanied by a completed Student Nomination Form duly completed by the educational institution.

the information provided in this application is subsequently found to be false and misleading then the applicant and/or the

cuucational institution will be subject to prosecution and could face a fine not exceeding 5,000 penalty points and/or a term of imprisonment not exceeding 6 months under section 62 of the Migration Act 2012. Full Name (as shown in passport): Sex: ☐ Male ☐ Female Marital Status: ☐ Never Married ☐ Married ☐ Divorced/Separated ☐ Widowed Date of Birth:/..... Place of Birth: Nationality: Occupation: Passport Number: Place of Issue: Date of Issue:/20.... Date of Expiry:/20..... Date of Arrival in the Solomon Islands/20..... Do you have any relatives, contacts or friends in the Solomon Islands: \square No \square Yes (please provide details): Name Relationship Address Please provide the following details about the educational institution that you will be attending: Name of the institution: Address of the institution: Course you are proposing to study: Duration of the course: Years Months Days, or completion on following date/20..... (Note: For the purpose of section 22(c) of the Migration Act 2012 the stay in the Solomon Islands for a student visa will be a period not more than one month longer than the expected duration of the course.)

What certificate/qualification will be obtained at the end of the course:

Educational background (where	appropriate your previous p	orimary and secondar	y schooling, tertiary courses an	d trade tra	ining):
Educational institution	on	Cou	rse	Dates at	tended
				/	/
••••••				/	/
				/	/
				/	/
Address while in the Solomon Is	lands:	•••••		•••••	
How will you finance your stay:	☐ Own Finances (please	provide evidence)	☐ Other (please give details)	:	
Name	Relations	ship	Address		
				•••••	
If under the age of 18, please pro	vide details of the person v	vho will be responsib	ole for your welfare whilst in th	e Solomon	ı İslands:
Name	Relationsl	hip	Address		,
					(`)
Have you previously travelled to	the Solomon Islands:	No 🔲 Yes (plea	se provide details of last two vi	sits):	
Date of Arrival	Date of Departure	Pu	rpose of Trip		
/	//		······································		
/	/			• • • • • • • • • • • • • • • • • • • •	**********
Have you ever been convicted or	f a criminal offence, refuse	d entry, deported or r	required to depart any country:	□ No	☐ Yes
If Yes please provide details:					
Have you been diagnosed or trea	ted for a public health risk	such as tuberculosis:	:	□ No	□Yes
If Yes please provide details:					
NOTE: Employment is prohib	ited under this visa.				•
Holders of a student visa must change courses or progress to new Student Nomination Forn	a new level of educational	institution (for exa			
I declare that the information pro	ovided in this application is	true and correct.			
	of Applicant		/ Date		

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Date and Time Received:/20	
Received from:	
Received by:	
Records check undertaken: Yes Date/20 Signature:	
Evidence of appropriate care arrangements for applicants under 18 sighted:	Date/20
Signature:	
Student Nomination Form attached: □ Yes Date approved/20.	
Decision:	
Visa Details:	
Date of Issue:/20 Valid to:/20 orDays	
Additional remarks	
	/20
Officers signature	Date
officers signature	Date



SOLOMON ISLANDS GOVERNMENT IMMIGRATION DIVISION MINISTRY OF COMMERCE INDUSTRIES I AI

MINISTRY OF COMMERCE INDUSTRIES LABOUR AND IMMIGRATION

APPLICATION FOR A SPECIAL PURPOSE VISA

If the information provided in this application is subsequently found to be false and misleading then the applicant will be subject to prosecution and could face a fine not exceeding 5,000 penalty points and/or a term of imprisonment not exceeding 6 months

Form 11 (Regulation 61)

NOTE: This application attracts a fee of SBD\$300. This fee must be paid to the Ministry of Finance and the receipt attached to the application before the application will be accepted and processed.

Attach Photograph Here

The special purpose visa application is to be completed by applicants wishing to enter or remain in the Solomon Islands as a volunteer, researcher or under an exchange program. Note: a person cannot be a volunteer if they are a full-time employee of a church or NGO based in the Solomon Islands, persons wanting to remain in the Solomon Islands to undertake work for either of these groups must apply for a form of employment visa.

under section 62 of the Migration Act 2012. Full Name (as shown in passport): Marital Status: ☐ Never Married ☐ Married ☐ Divorced/Separated ☐ Widowed Date of Birth:/...../ Place of Birth: Nationality: Occupation: Passport Number: Place of Issue: Date of Issue:/20.... Date of Expiry:/20.... Do you have any dependents travelling with you: \Box ☐ Yes (please give details): Relationship Name Date of Birth/...../...../..../.... ······ Address while in the Solomon Islands: Reason for the visa: Volunteer Research ☐ Exchange Other (please specify) □ No Are you the subject of an approved sponsorship (required for a volunteer): ☐ Yes (provide evidence) Note: Volunteers can only work for the approved sponsor. To undertake any other work, either remunerated or not, the person must submit a new application form accompanied by a sponsorship for consideration. Do you hold a research permit granted under the Research Act (required by researchers): \square No ☐ Yes (provide evidence)

Note: Researchers can only work on research for which the visa was granted and continue to hold a research permit under the Research Act. If the researcher wishes to change research activities, they are required to lodge a new application with a research permit under the Research Act appropriate for the new research.

Are you subject of an exchange program arrangement (required by persons on exchange): \square No	☐ Yes (provide evidence)
Note: Persons on exchange can only work in the area relating to the exchange program for which must continue in the exchange program. Any changes will require the person to lodge a new approved exchange arrangements.	
How does your presence in the Solomon Islands impact on the development opportunities of the Solo	mon Islands Government:
Date of Arrival in the Solomon Islands/20	
Do you have any relatives, contacts or friends in the Solomon Islands: No Yes (please pro	vide details):
Name Relationship Address	3
How long do you intend to stay in the Solomon Islands: Years Months Day	ys
How will you finance your stay: ☐ Own Finances (please provide evidence) ☐ Sponsor (please	give details):
Organisation or Person Address	
Have you previously travelled to the Solomon Islands: \(\sigma\) No \(\sigma\) Yes (please provide details of	last two visits):
Date of Arrival Date of Departure Purpose of Trip	
Have you ever been convicted of a criminal offence, refused entry, deported or required to depart any	
If Yes please provide details:	•
Have you been diagnosed or treated for a public health risk such as tuberculosis:	□ No □Yes
If Yes please provide details:	
NOTE: Employment is prohibited for dependants under this visa	
I declare that the information provided in this application is true and correct.	
Signature of Applicant	/20 Date

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Date and Time Received:/20			
Received from:			
Received by:			
Records check undertaken: Yes Date/20	Signature:		
Sponsorship attached: ☐ Not required ☐ Yes	Date approved by Director/20		
Research permit attached:	3		
Exchange program details attached: Not required Yes	s		
Decision:	reasons):		
<u></u>	(_)		
,			
Visa Details:			
Date of Issue:/20 Valid to:/20 or Years Months Days			
Class: Volunteer Research Exchange	☐ Other		
Entry:			
Additional remarks			
	/20		
Officers signature	Date		



APPLICATION FOR A TRAFFICKED PERSON PROTECTION VISA

Form 13 (Regulation 69)

NOTE: Applicants for a trafficked person protection visa have been determined in writing by either the Director of Immigration or the Commissioner of Police to be a victim of people trafficking. A copy of such determination is to be affixed to the application.

Attach Photograph Here

This application does not permit travel to the Solomo	on Islands.	4 Care (1997)	
Full Name (as shown in passport):			
Sex: ☐ Male ☐ Female Marital Status:	☐ Never Married ☐ Married	☐ Divorced/Separated ☐ Widowed	
te of Birth:/ Place of Birth:			
Nationality:	Occupation:	,	
Passport Number:	Place of Issue:		
Date of Issue:/20	Date of Expiry:/20		
When and where did you enter the Solomon Islands:	/,	······	
Address while in the Solomon Islands:			
Do you have any relatives, contacts or friends in the Solomon Islands: \(\sigma\) No \(\sigma\) Yes (please provide details):			
Name R	elationship	Address	
()			
I declare that the information provided in this applic	ation is true and correct.		
Signature of Applicant	······································	/20 Date	
	· · · · · · · · · · · · · · · · · · ·		
F	OR OFFICAL USE ONLY		
Date and Time Received:/20			
Visa Details: Date of Issue:/20	Valid to:/20		
Officers signature		/20 Date	



SOLOMON ISLANDS GOVERNMENT IMMIGRATION DIVISION MINISTRY OF COMMERCE INDUSTRI

Form 14 (Regulation 72)

MINISTRY OF COMMERCE INDUSTRIES LABOUR AND IMMIGRATION

APPLICATION FOR A PROTECTED PERSON RE-ENTRY VISA

Attach Photograph Full Name (as shown in passport): Here Sex: ☐ Male ☐ Female Marital Status: ☐ Never Married ☐ Married ☐ Divorced/Separated ☐ Widowed Date of Birth:/..... Place of Birth: Nationality: Occupation: Passport Number: Place of Issue: Date of Issue:/20.... Date of Expiry:/20.... Address while in the Solomon Islands: What type of Solomon Islands visa do you currently hold:

Refugee Protection

Trafficked Person Protection What is the purpose of your trip: I declare that the information provided in this application is true and correct./20.... Signature of Applicant Date FOR OFFICAL USE ONLY Date and Time Received:/20... Date of Issue:/20... Valid to:/20... Visa Details:/...../20.... Officers signature Date