SOLOMON ISLANDS

PASSPORTS ACT

FORM A
APPLICATION FOR *ORDINARY/*OFFICIAL/*DIPLOMATIC PASSPORT

IMPORT:- READ NOTES CAREFULLY BEFORE COMPLETING THE FORM WHICH SHOULD BE CLEARLY WRITTEN IN THE APPLICANT'S OWN HANDWRITING IN INK AND IN BLOCK CAPITALS.

NOTES:

1. Parts 1,2,5 and 6 of this form must be completed by all applicants for new passports. Parts 3,4,8 and 9 must be com,pleted by those to whom these parts apply.
2. A Recommender must complete Part 7. The Recommender must be a person whose status or title is mentioned in Part 7 and he must endorse on the reverse side of one copy of the photograph with the words:- "I certify that this is a true likeness of the Applicant, Mr, Mrs, Miss, Ms or other title ....." and add his signature.
3. Children who are 16 years old or over must apply for a separate passport.
4. Children under 16 years can apply for a separate passport or be included in any of their parents, or legal guardian's passport.
5. Children under 16 years old included in any of their parents' passport can only accompany the parent whose pass port they are included in, but they cannot use the passport to travel alone.
6. The form must be clearly written in the applicant's own handwriting in ink and in block capital. Where an applicant is unable to complete this form where he/she is illiterate, another person may complete for him/her, but that other person must declare by statutory declaration the fact of his completing the form from information supplied by the applicant. Children under 16 years may complete this form themselves or through their parents or legal guardian. Part 9 must be complete.
7. Signature where required to be affixed in this application form must be in applicant's own hand writing. Left thumb print impression showing distinguishing lines of the left thumb can be accepted where applicant is unable to write.
8. A current passport must be surrendered first before a new one can be issued. Where a current passport is not available due to loss etc. Part 8 must be completed.
9. Torn, mutilated or defaced passports must be returned to the Passport Officer. Part 8 must be completed where an application for this issue of a new passport to replace the torn, mutilated or defaced passport is made.
10. The appropriate fee must be paid in full before a new passport can be issued.
11. **PHOTOGRAPHS** - Two copies of a recent photograph of the applicant must be included with the application. These photographs must be taken full face without hat or cap or sunglasses and the photographs must not be more than 21/2 inches by a inches (64mm by 5mm) or less than 2 inches by 11/2 inches (51mm by 38mm). the photographs must be printed on normal thin photographic paper and must not be glazed on the reverse side. The Recommender (see Note 2) is also required to endorse the reverse side of one copy of the photograph with the words "I certify that this is a true likeness of the applicant, Mr, Mrs, Miss, Ms or other title and add his signature.
12. **DOCUMENTS TO BE PRODUCED** - Applicant must where applicable produce and include the following documents with this application form:-

    (a) birth certificate or person's passport or 2 copies of statutory declarations, one by a relative or parent and one by a friend of 5 years or more, confirming date and place of birth - where applicant is an indigenous citizen of Solomon Islands,
    (b) birth certificate or previous passport or 2 statutory declarations as in (a), marriage certificate of person, copy of Solomon Islands citizenship certificate - where applicant claims to be a citizen through a parent who is a naturalized citizen of Solomon Islands,
    (c) birth certificate or previous passport or 2 declarations as in (a), copy of a Solomon Islands citizenship certificate where applicant is a naturalized citizen of Solomon Islands,
    (d) court order granting custody of a child to applicant - where applicant who claims to be the legal guardian, applies for a child under 16 years to be included in his/her passport,
    (e) If the child was born of a Solomon Islands father or mother outside the Solomon Islands - The Child's Birth certificate and the parents' marriage certificate - Father's/Mother's birth or registration certificate or other evidence of Solomon Islands citizenship must be produced,
    (f) Marriage certificate or statutory declaration certifying date and type of marriage - where a woman wants a change of name adopting her husband's name or surname,
    (g) a court order for divorce, separation or documents showing applicant's use of a new or old name - where applicant wants a change of name used in marriage,
    (h) a court order, certificate of change of name, copy of bank account, NPF card or school register must be produced with a statutory declaration - where applicant wants a change of name other than by marriage,

***Delete where not applicable**

PART 1 PERSONAL PARTICULARS

SURNAME/FAMILY: *Mr. *Mrs. *Miss. *MS *Title

FIRST NAME:

MIDDLE NAME:

DATE OF BIRTH:...../...../.....
Day / Month / Year

PLACE OF BIRTH:

COLOUR OF EYES:.....

COLOUR OF HAIR:

HEIGHT:.....ft..... inches
.....mtr..... cm

MARITAL STATUS: * SINGLE * MARRIED * DIVORCED * WIDOWED * DEFACTO

HAS NAME BEEN CHANGED?

PROFESSION/OCCUPATION:

PRESENT ADDRESS:

ANY DISTINGUISHING MARKS?

COUNTRY OF RESIDENCE

*Cross out titles or words not applicable.

PART 2 CITIZENSHIP OF APPLICANT

SOLOMON ISLANDS CITIZEN BY *BIRTH *DESCENT *REGISTRATION
Number of certificate .....
Place of issue .....
Date of issue .....

• Cross out the words which do not apply

PART 3 MARRIED WOMAN APPLYING FOR A SEPARATE PASSPORT

HUSBAND'S NAME
PLACE OF MARRIAGE
DATE OF MARRIAGE
CITIZENSHIP OF HUSBAND:
STATE I-F MARRIED MORE
THAN ONCE:
NAME I WISH TO ADAPT:

PART 4 INCLUSION OF CHILDREN (UNDER 16 YEARS ONLY

NAME OF CHILD PLACE OF BIRTH DATE OF BIRTH SIX
1.
2.
3.
4.
5.
6.

PART 5 PURPOSE OF APPLYING FOR A PASSPORT.

Passport required for travelling to:.....
(Name countries to be visited)

Purpose of Travel:.....

PART 6 DECLARATION BY APPLICANT FOR ORDINARY, OFFICIAL, OR DIPLOMATICE PASSPORT

I, THE UNDERSIGNED, HEREBY APPLY FOR THE ISSUE OF A PASSPORT, I DECLARE

A. that the information given in this application is correct to the best of my knowledge and belief
B. that I'am still a citizen of Solomon Islands.
*C that I have not previously held or applied for a passport of any description
*D that all previous passports granted to me have been surrendered other than passport or travel document number ..... which is now attached and that I have made no other application for a passport since the attached passport or travel document was issued to me.

* Cross on the letter not applicable

SIGNATURE: DATE:

PART 7 RECOMMENDER

* A. I certify that the applicant is known personally to me and that to the best of my knowledge and belief, the facts stated on this form are correct. I am a citizen of Solomon Islands.

B. I certify that the applicant is known to me or has been identified to me by ..... and that to the best of my knowledge and belief the facts stated on this form are correct and that the applicant is due to proceed abroad on Government business. I recommend that she/he be issued with a Diplomatic/Official Passport.

SIGNATURE:..... DATE:..... PROFESSION:.....

NAME:.....

NOTE: The Recommender for an application for an ordinary passport must be a Member of Parliament, a medical or legal practitioner, a Judicial Officer, a Minister of Religion, Bank Officer, a Civil Servant (level 5 or above), a Police Officer of the rank of Inspector or above or other person of similar standing to whom the applicant is personally known. An application for a diplomatic or official passport must be recommended by the Minister of Foreign Affairs.

CAUTION: Applicants and persons recommending them are warned that should any of the statements contained in their respective declarations prove to be untrue, the consequences to them may be serious. The attention of persons who are asked to sign this declaration is specially called to the fact that it can be signed from personal knowledge of the applicant and not from information obtained from other persons.

• Cross ot words not applicable.

PART 8 PARTICULARS OF PREVIOUS PASSPORT WHICH HAS BEEN OR IS NOT AVAILABLE FOR PRESENT USE

FULL NAME OF BEARER

PASSPORT NUMBER:- ISSUED AT:- DATE OF ISSUE:-

CIRCUMSTANCES IN WHICH PASSPORT WAS LOST, DESTROYED OR OTHER REASONS FOR IT'S NON-AVAILABILITY

PLACE AND DATE OF LOSS:-

MEASURES TAKEN TO REPORT LOSS AND TO OBTAIN RECOVERY:-

HAS LOSS BEEN REPORTED TO POLICE?:-

I CERTIFY THAT THE ABOVE PARTICULARS ARE CORRECT I UNDER TAKE TO RETURN THE PASSPORT TO THE PASSPORT OFFICE IN HONIARA OR THE NEAREST SOLOMON ISLANDS CONSULAR OR DIPLOMATIC OFFICE FOR CANCELLATION IN THE EVENT IT COMES AGAIN NOT MY POSSESSION.

SIGNED: DATE:

PART 9 CONSENT DECLARATION OF PARENT/LEGAL GUARDIAN OF APPLICANT UNDER 16 YEARS

I, THE PARENT/LEGAL GUARDIAN OF THE APPLICANT NAMELY ..... (SURNAME): ..... (OTHER NAMES) AGREE TO THE ISSUE OF A SOLOMON ISLANDS *ORDINARY/OFFICIAL/*DIPLOMATIC PASSPORT. I AM A CITIZEN OF SOLOMON ISLANDS.

NAME OF PARENT/LEGAL GUARDIAN:.....

SIGNATURE .....

ADDRESS .....

.....

.....

• Cross out words not applicable

PLEASE SIGN YOUR AND SIGNATURE WITHIN THE GIVEN BOX

PART 10 FOR OFFICIAL USE ONLY

VETTING/RECEIVING OFFICER	VETTING/APPROVAL
NAME: SIGNATURE: APPLICATION LODGED BY: COMMENTS: DOCUMENTS LODGED (1) APPLICATION FORM *YES/*NO (2) BIRTH CERTIFICATE *YES/*NO NO:..... (3) MARRIAGE CERTIFICATE: *YES/*NO (4) S.I. CITIZENSHIP CERTIFICATE *YES/*NO NO:..... (5) OTHER CERTIFICATES/DOCUMENTS LODGED: (a) ..... (b) ..... (c) ..... (d)	NAME OF OFFICER SIGNATURE: DATE: COMMENTS: **PASSPORT NUMBER ALLOCATION** PASSPORT NUMBER ALLOCATED:..... DATE ALLOCATED:..... SIGNATURE OF OFFICER ALLOCATING:..... COMMENTS:.....

FEE PAID: *CASH/CHEQUE AMOUNT:..... CHEQUE NUMBER:.....
GTR NO:..... DATE PAID:.....

PASSPORT PROCESSING	PASSPORT SIGNING
NAME OF OFFICER SIGNATURE: DATE PASSPORT TYPED: PASSPORT NUMBER:	NAME OF OFFICER: SIGNATURE: DATE PASSPORT SIGNED: PASSPORT NUMBER

ISSUING OUT OF PASSPORT

NAME OF OFFICER ISSUING OUT PASSPORT:
DATE PASSPORT ISSUED OUT:
SIGNATURE OF OFFICER
NAME OF PERSON COLLECTING PASSPORT:
ADDRESS/CONTACT NUMBER OF PERSON: