



FORM 1
REPUBLIC OF THE MARSHALL ISLANDS
DIVISION OF IMMIGRATION - MINISTRY OF JUSTICE
 P.O. BOX 890
 MAJURO, MARSHALL ISLANDS 96960
PLEASE TYPE OR PRINT IN INK AND ANSWER ALL QUESTIONS.
VISA APPLICATION

**Complete all sections*
**Specify answers*
**Avoid using White-out*
**Sign your own form*

APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Renewal		TYPE OF VISA YOU ARE APPLYING FOR:	
(1) Family Name		(2) First or Given Names	
(4) Particulars of Birth (Town/Province)		(5) Country	
(7) Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		(8) Date of Birth	
(9) Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		(10) Occupation	
(11) Full Local Residential Address FULL POSTAL ADDRESS (IF DIFFERENT)		(11) Present Citizenship	
(12) Passport Details (#)		Place of Issue	
		Date of Issue Mo/Day/Yr / /	
		Valid Until Mo/Day/Yr / /	
(13) Purpose of Intended visit to the Republic of the Marshall Is: Holiday - Intended Address..... Business - Address of Business contact and telephone number..... Visit Relatives - Name, Address and relationship..... Other-Explain..... Residence in the Republic of the Marshall Islands..... YES [] NO []			
(14) Requested Length of Stay		(15) Proposed Dates of: (A) Arrival in the Marshall Islands /...../..... (B) Departure for the Marshall Island /...../.....	
(16) Have you or has anyone included in the Application ever applied for a Visa or travelled to the Republic of the Marshall Islands? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", provide details.			
(17) Particulars of Accompanying Children included in My Passport None			
Full Name		Son / Daughter	
Country of Birth		Date of Birth	
Citizenship			
(18) (Answer with "Yes" or "No") Have you or has any Member of your Family included in this Application- <input type="checkbox"/> Suffered from any dangerous contagious disease such as tuberculosis? <input type="checkbox"/> Suffered from any mental illness <input type="checkbox"/> Been convicted of a criminal offence in any country? <input type="checkbox"/> Been deported from any country?			
IF "YES" TO ANY OF THE ABOVE, GIVE DETAILS: (19) DECLARATION NOTE: If you are unable to complete the following declaration in respect of any matter, you should cross out the item in question and the declaration as amended. You should then submit with the application a statement outlining the reasons why you were unable to declare in respect of the deleted item. DECLARE THAT: - I have sufficient funds to support myself and all dependent members of my family during the period of the visit. - I and my accompanying dependent family members will, if granted visitors visas, travel to the Republic of the Marshall Is. on fully paid return tickets for travel to a destination beyond the Republic of the Marshall Islands; will produce these tickets on arrival and will retain them while in the Republic. - I and my accompanying dependent family members WILL NOT SEEK AUTHORITY TO SETTLE IN THE RMI AND WILL LEAVE AT OR BEFORE THE END OF THE AUTHORIZED VISIT PERIOD. - I and my accompanying dependent family members WILL NOT UNDERTAKE EMPLOYMENT OR ANY FORMAL STUDIES WHILE IN THE RMI. - I FURTHER DECLARE THAT ALL QUESTIONS HAVE BEEN ANSWERED AND THE PARTICULARS PROVIDED BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ABILITY.			
		PHOTOGRAPH	
		_____ (SIGNATURE)	
		_____ Month Day Year	

FOR OFFICIAL USE ONLY					
DECISION <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		INTERVIEW <input type="checkbox"/> YES <input type="checkbox"/> NO		ENTRY <input type="checkbox"/> Single <input type="checkbox"/> Multiple	
<input type="checkbox"/> V-1 Visitor Single 3 Months		<input type="checkbox"/> B-1 Business Multiple 2 Years		PERIOD OF STAY	
<input type="checkbox"/> S-1 Student Multiple 1 Year		<input type="checkbox"/> T-1 Transit Single 3 Days			
<input type="checkbox"/> D-1 Diplomatic Multiple 2 Years		<input type="checkbox"/> R-1 Resident Multiple 5 Years		VISA NUMBER	
<input type="checkbox"/> G-1 General Multiple 2 Years		<input type="checkbox"/> E-1 Work Multiple 2 Years			
				DATE OF ISSUE	
				Mo Day Yr / /	
				VALIDITY	
				VISA CATEGORY	
				AUTHORIZED OFFICIAL	

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