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| *OFFICIAL USE ONLY: REFERENCE NUMBER* |  |



**FALKLAND ISLANDS**

IMMIGRATION ORDINANCE 1999, section 5 (3), (11), (13), 5B(e), 5D (2)(a)

IMMIGRATION (GENERAL) REGULATIONS 2021, regulation 6 (1-2)

**APPLICATION FOR VISA TO ENTER THE FALKLANDS ISLANDS**

**For use by visa national visitors only (see Falkland Islands visa nationals list)**

**Please take care when completing this form and only provide information that is complete and accurate**

1. PERSONAL DETAILS

|  |  |
| --- | --- |
| **Surname(s)** |  |
| **Previous name(s)** |  |
| **Forename(s)** |  |

|  |  |  |
| --- | --- | --- |
| **Gender** | Male | Female |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Marital Status** |  | |  | |
| **Date of Birth** |  | |  | |
| **Place of Birth** |  | |  | |
| **Current Address** |  | | | |
| **Email** |  | **Telephone** | |  |
| **Nationality** |  | | |  |
| **Other Nationalities held** |  | | | |
| **Occupation** |  | |  | |
| **Details of previous travel -**  **Countries visited** |  | | | |

1. PASSPORT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| **Passport Number** |  | **Place of Issue** |  |
| **Date of Issue** |  | **Date of Expiry** |  |

1. VISA DETAILS

|  |  |
| --- | --- |
| **Intended date of arrival** |  |
| **Intended date of departure** |  |
| **Reason for visit** |  |

**If you are a visitor you must also apply for a visitor permit. If you intend to stay for more than one month or you are travelling in the course of your work, you should apply for a visitor permit before you travel. Otherwise you can apply to the Immigration Officer for a visitor permit on your arrival in the Falkland Islands. To obtain a visitor permit you must have a valid visa, sufficient funds for your stay, confirmed accommodation, and a return ticket or confirmed means of return.**

**You do not require a visa to enter the Falkland Islands if you already hold – a Work Permit, Accompanying Dependent Permit, or Dependent Permit**

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| **Arrival/departure**  **Details (airline/**  **cruise-ship)** |  | | |
| **Have you visited the Falkland Islands before?** | | **Yes** | **No** |
| **If yes, please give details** |  | | |
| **What accommodation arrangements have been made for you?** Please detail the address, how long is it available for, who has arranged it, who will be paying for it, whether it is shared or single accommodation .etc. | | | |
|  | | | |
| **Travel insurance policy - minimum required medical cover $US2,000,000** | | **Yes** | **No** |

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1. ACCOMPANYING CHILD DETAILS

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| --- | --- | --- |
| **Do you have any accompanying children who will be under the age of 18 years on the date of arrival in the Falkland Islands?** | Yes | No |

If ‘yes’ give details below in order of age. If ‘no’ proceed to step 5. Any accompanying adults (18 years +) will be required to complete their own visa application

|  |  |  |  |
| --- | --- | --- | --- |
| **(a) Full Name** |  | | |
| **Date of Birth** |  | **Place of Birth** |  |
| **Nationality** |  |  | |
| **Passport Number** |  | **Place of Issue** |  |
| **Date of Issue** |  | **Date of Expiry** |  |
| **Relationship to you** |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **(b) Full Name** |  | | |
| **Date of Birth** |  | **Place of Birth** |  |
| **Nationality** |  |  | |
| **Passport Number** |  | **Place of Issue** |  |
| **Date of Issue** |  | **Date of Expiry** |  |
| **Relationship to you** |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **(c) Full Name** |  | | |
| **Date of Birth** |  | **Place of Birth** |  |
| **Nationality** |  |  | |
| **Passport Number** |  | **Place of Issue** |  |
| **Date of Issue** |  | **Date of Expiry** |  |
| **Relationship to you** |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **(d) Full Name** |  | | |
| **Date of Birth** |  | **Place of Birth** |  |
| **Nationality** |  |  | |
| **Passport Number** |  | **Place of Issue** |  |
| **Date of Issue** |  | **Date of Expiry** |  |
| **Relationship to you** |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **(e) Full Name** |  | | |
| **Date of Birth** |  | **Place of Birth** |  |
| **Nationality** |  |  | |
| **Passport Number** |  | **Place of Issue** |  |
| **Date of Issue** |  | **Date of Expiry** |  |
| **Relationship to you** |  |  | |

**Note: the above named persons must enter and depart the Falklands at the same time as you**

1. GUIDANCE NOTES

* For the purposes of Falkland Islands immigration procedures you must declare **ALL** criminal convictions, whether or not they are considered to be spent by the laws of the country in which you were convicted, cautions and fixed penalty notices.
* A declaration of criminal convictions, cautions and fixed penalty notices will not necessarily mean that your application will be refused, but it is a requirement that they be taken into consideration
* Any material misrepresentation in this form may render you liable to prosecution in the Falkland Islands. It could also mean that any permit issued will be revoked and that you will need to leave the Falkland Islands
* It is an offence to take employment or engage in any trade, business, profession or vocation without permission to do so
* An application fee of £40.00 will be charged for each applicant. A further charge of £5.00 will be made for every dependent applicant named on this form (child dependents)
* All applications should be submitted via email to permits@customs.gov.fk
* **Issuance of a visa does not guarantee entry to the Falkland Islands**

1. DECLARATION

**If you fail to provide complete and accurate information or if you provide information that is false then you may commit a criminal offence for which you can be fined or sent to prison**

###### I understand the questions on this form and confirm that the information provided is true and correct

* I undertake that if, between the time that I make this application and the time it is decided, any relevant matter relating to the application changes, I will inform Falkland Islands Customs and Immigration
* I understand that the Falkland Islands works to maintain a drugs-free environment and that if I am convicted of a drugs-related offence whilst in the Islands it may lead to the revocation of any visa granted on this application and my deportation from the Falkland Islands
* I understand that I am required to declare **ALL** criminal offences whether spent or not, cautions and fixed penalty notices, and that failure to do so may lead to the revocation of any permit granted on this application and my deportation from the Falkland Islands

**APPLICANT DECLARATION:**

|  |  |  |
| --- | --- | --- |
| **Have you ever been convicted of *any* criminal offence?** | **Yes** | **No** |

*You must answer ‘yes’ even if the conviction is considered to be spent or rehabilitated*

If ‘yes’ please provide details below of your criminal convictions, including the nature and the date of the conviction.

|  |
| --- |
| **Dates(s)**       **Conviction(s)**       **Penalties** |

|  |  |  |
| --- | --- | --- |
| **Have you ever received a caution or a fixed penalty notice?** | **Yes** | **No** |

*You must answer ‘yes’ regardless of the date of the caution or fixed penalty notice, and whether or not the fixed penalty notice was paid*

If ‘yes’ please provide details below of your cautions or fixed penalty notices, including the offence for which the caution or fixed penalty notice was issued and the date issued.

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates(s)**       **Caution(s)/Fixed penalty notice(s)**       **Result(s)** | | | |
| **Have you ever been deported, removed, required to leave, had a permit revoked, or refused entry to *any* country?** | | **Yes** | **No** |
| If ‘yes’ please provide details below | | |
|  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Have you *ever* suffered from any dangerous contagious disease?** | | **Yes** | **No** |
| If ‘yes’ please provide details below | | |
|  | | |

**Now finish the application by adding your name and the date below -**

**I have read and understood the above declaration and it is correct.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name in full** |  | | |
| **Date** |  |  |  |

**CHECK LIST**

Tick if appropriate

|  |  |
| --- | --- |
| **Copies of all passports** |  |
| **Medical insurance** |  |
| **Copies of birth certificate(s) of children (if relevant)** |  |