



NEW RESIDENCY VISA – FOREIGN INVESTOR CHECKLIST

Applicant(s) Full Name(s):

Nationality:

Residential Address in Vanuatu:

#	Description	Check
1	Application form dully completed	<input type="checkbox"/>
2	Copy of Valid Passport (Validity more than 6 months)	<input type="checkbox"/>
3	2 recent ID Photos	<input type="checkbox"/>
4	Receipt for Payment of Associated Fees –(57,600 vatu)	<input type="checkbox"/>
5	Recent Police Clearance from country of Origin (Nationality)	<input type="checkbox"/>
6	Recent Medical Certificate	<input type="checkbox"/>
7	Valid Copy approval certificate by VFIPA (Vanuatu Foreign Investment Promotion Agency)	<input type="checkbox"/>
8	Copy of Valid Business Licence	<input type="checkbox"/>
9	Copy of Valid VFSC Certificate (Vanuatu Financial Service Commission)	<input type="checkbox"/>
10	Immigration Bond (at National Bank of Vanuatu (NBV)) Account Name: IMMIGRATION BOND ACCOUNT Account Number: 0104697002	<input type="checkbox"/>
11	Is the person inside the Country? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	*If Yes, needs to pay for change of status- (100,000 vatu) <input type="checkbox"/> YES <input type="checkbox"/> NO	
	*If yes for above, provide receipt for payment of change of status	<input type="checkbox"/>

IMPORTANT: if any of the above is not provided, application will be rejected

Submitted by:

Date received: / /

Signature:

Front Desk Officer:

Date received:/...../.....

Signature:

Name of Visa Officer:

Date received: / /

Signature:

DÉPARTAMENT DE L'IMMIGRATION

Services de L'Immigration et de Passeport de Vanuatu
Autoroute Kumul, Tamarama Building
Tél: (678) 22 354 / (+678) 33125
Email: visqueries@vanuatu.gov.vu
Web: www.immigration.gov.vu
P.O.Box 9092, Port-Vila, Vanuatu



IMMIGRATION DEPARTMENT

Vanuatu Immigration and Passport Services
Kumul Highway, Tamarama Building
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COMPLIANCE DUE DILIGENCE AND AUTHENTICITY CLEARANCE		
POLICE CLEARANCE CASHIER JUDICIAIRE		
STATUS FROM BORDER ALERT SYSTEM		
VALIDITY OF PASSPORT (AT LEAST 6 MONTHS)		
PI LIST ALERT		
GENERAL REMARKS		

Name of Compliance Officer:

Date received: / /

DUE DILIGENCE CHECK COMPLETE? YES NO

Signature: