

**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](mailto:visqueries@vanuatu.gov.vu)  
 Web: [www.immigration.gov.vu](http://www.immigration.gov.vu)  
 P.O.Box 9092, Port-Vila, Vanuatu

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**BUSINESS VISA CHECK LIST**

#	Description	Check
1	Application form dully completed	<input type="checkbox"/>
2	Copy of Valid Passport (Validity more than 6 months)	<input type="checkbox"/>
3	Receipt for Payment of Associated Fees (20,000VUV or 35,000VUV)	<input type="checkbox"/>
4	Copy of proposed Itinerary for intended travelling	<input type="checkbox"/>
5	Purpose of Applying for Business visa: <input type="checkbox"/> Business (Meetings, Exploratory & Negotiations)	
	*Confirmation letter from Institution or Company of Origin	<input type="checkbox"/>
	*Confirmation letter from an Institution/Company in Vanuatu that will support his/her purpose of visit	<input type="checkbox"/>
6	<input type="checkbox"/> Filming / Research	
	*Filming permit from Vanuatu Cultural Center	<input type="checkbox"/>
7	<input type="checkbox"/> Temporary Employment	
	*Cover letter from business partner/employer	<input type="checkbox"/>
	*Copy of Valid temporary Work Permit from Labour Department	<input type="checkbox"/>
	*Copy of Valid Business License, VIPA and VFSC for Employing Company	<input type="checkbox"/>
8	If the person is inside the country, need to pay Change of Status and provide receipt copy of payment	<input type="checkbox"/>

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

Submitted by: .....

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

Signature:

Immigration Officer Received: .....

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

Signature:

Name of Visa Officer: .....

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

Signature:

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**FOR OFFICIAL USE ONLY**

<b>COMPLIANCE DUE DILIGENCE AND AUTHENTICITY CLEARANCE</b>		
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: