DÉPARTMENT DE L'IMMIGRATION

Services de L'Immigration et de Passeport de Vanuatu Autoroute Kumul, Tamarama Building Tél: (678) 22 354 / (+678) 33125 Email: visqueries@yanuatu.gov.yu

Email: <u>visqueries@vanuatu.gov.vu</u> Web: <u>www.immigration.gov.vu</u> P.O.Box 9092, Port-Vila, Vanuatu



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NEW RESIDENCY VISA – CHILD CHECKLIST

Appli	cant(s) Full Name(s):	
Natio	nality:	
Resid	ential Address in Vanuatu:	
#	Description	Chec
1	Application form dully completed	
2	Copy of Valid Passport (Validity more than 6 months)	
3	2 recent ID Photos	
4	Receipt for Payment of Associated Fees - 2,880 Vatu	
5	Copy of Birth Certificate	
6	Copy of parents valid residence visa if parents are VANUATU RESIDENTS	
7	Copy of parents valid passports	
8	Immigration Bond (at National Bank of Vanuatu (NBV)) Account Name: IMMIGRATION BOND ACCOUNT Account Number: 0104697002	
9	Is the person inside the Country?	
	*If Yes, needs to pay for change of status -100,000vt? YES \ NO	
	*If yes for above, provide receipt for payment of change of status	
Submi	RTANT: if any of the above is not provided, application will be rejected tted by:eceived: /	
	Desk Officer:// eceived:/ ure:	
	of Visa Officer: / /	

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COMPLIANCE DUE DILIGENCE AND AUTHENTHICITY 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 COMPLI	ETE? 🗆 YES 🗆 NO			
Signature:				