

The Travel Visa Company

Your Dedicated, Worldwide Travel Visa Agency



REFERRED BY

i.e. Travel Agent / Tour Operator / Cruise Line / Search Engine / Repeat Customer / Friend / Other

You **MUST** return this front page with your application.

RETURN ADDRESS

The Travel Visa Company Ltd.

First Floor Unit 10
Alvaston Business Park
Middlewich Road
Nantwich, Cheshire
CW5 6PF



SUPPORT

If you have any queries or would like additional assistance when completing your application, please contact us and one of our team would be happy to assist.



Telephone: **01270 904 907**



Email: **applications@thetravelvisacompany.co.uk**

Papua New Guinea Digital Arrival Card Application Pack

Thank you for requesting an application pack for a Papua New Guinea Tourist Digital Arrival Card.

Please complete the following three sections and then return the application pack and all supporting documents to The Travel Visa Company Ltd.

1. Checklist of the documents required
2. Service and delivery options
3. Address and payment details

PLEASE NOTE

Your passport must be valid for at least 6 months from the date of arrival in Papua New Guinea and have at least two blank visa pages.


A Papua New Guinea Digital Arrival Card can only be submitted to the Papua New Guinean authorities once we are within 72 hours of your entry date. Applications can be made to The Travel Visa Company at **any time**, and we will submit your application to the Papua New Guinean authorities once we enter the 72 hour application window.

We will not accept applications submitted to us within 5 working days of your entry date into Papua New Guinea.

1. Checklist of the documents required

✓ Please tick to confirm you have provided the following:

- PAPUA NEW GUINEA DIGITAL ARRIVAL CARD APPLICATION FORM** – Please find attached. It is important to carefully read through all the questions and fully complete all forms in **BLOCK CAPITALS** with a **BLACK PEN**. All application forms **MUST** be printed single-sided. Application forms printed double-sided **WILL NOT** be accepted.
- COPY OF PASSPORT** – Please include a copy of the photograph/information page of your passport. Your passport must be valid for at least 6 months from your date of arrival in Papua New Guinea.

 Failure to provide us with these documents will result in delays with your application.

2. Service and delivery options

✓ Please tick to confirm which service and delivery type you are requesting:

Service Type	Processing Time	Service Fee	VAT	Total
<input type="checkbox"/> Standard	Processing will begin once we are within 72 hours of your arrival into Papua New Guinea.	£18.29	£3.66	£21.95

i We will not accept applications submitted to us within 5 working days of your entry date.

Delivery Type	Price
<input type="checkbox"/> Email Confirmation	-

DATE OF TRAVEL

..... DD/MM/YYYY

LENGTH OF STAY

..... Days

3. Address and payment details

Name:

Address:

.....

.....

Postcode:

Telephone:

Email:

Credit/Debit Card

Name on card:

.....

Card Number:

.....

Expiry Date: CVC:

Paypal paypal@thetravelvisacompany.co.uk

Cheque

BACS Reference:

Cheque/BACS payments are to be made payable to "The Travel Visa Company Ltd."

Bank Details: 68032405 / 08-92-50

EMAIL MARKETING (not required)

I would like to sign up to the TVC mailing list.

We do not share your data with any third parties. To view our privacy policy, visit:

www.thetravelvisacompany.co.uk/privacy

TERMS & CONDITIONS (required)

I have read, fully understood and agree to the Terms & Conditions and Client Declaration.

www.thetravelvisacompany.co.uk/terms

www.thetravelvisacompany.co.uk/declaration

Signed: Date:

Please contact us if you would like to receive a printed copy of these documents.

Personal Details

Surname: As shown in passport

Given name(s): As shown in passport

Gender: Male Female

Date of birth: DD/MM/YYYY

Place of birth:

Town/City:

State/Province:

Country:

Nationality:

Occupation:

Passport Details

Passport type: Regular Official Diplomatic

Passport number:

Issuing country:

Issuing authority:

Issue date: DD/MM/YYYY

Expiry date: DD/MM/YYYY

Travel Details

Date of arrival: DD/MM/YYYY

Length of stay: Days

Purpose of travel:

Country of embarkation:

Flight/cruise ship/vehicle number:

Address in Papua New Guinea:

Applicant Contact Details

Phone number: +44

Email address:

Current address:

Eligibility Questions

Were you previously a citizen of Papua New Guinea?

Yes No

If yes How long have you been absent from Papua New Guinea?

Years Months Days

Country of permanent residence:

Do you have a communicable disease?

Yes No

Have you ever been charged with or convicted of a criminal offence?

Yes No

Goods Declaration

I am bringing any of the following into Papua New Guinea:

Goods that may be prohibited or restricted, such as narcotic drugs, pornography, firearms, spring bladed knives, other dangerous weapons etc?

Yes No

Goods received or intended for gifts?

Yes No

Commercial goods, including samples, goods for sale, exchange or trade etc?

Yes No

Any currency or valuables equivalent to the value of K20,000 or more e.g., jewellery, cash, cheques, precious metal, precious stones, monetary instruments etc?

Yes No

Been on a farm - animal or agricultural site?

Yes No

Goods Declaration

More than 250 cigarettes or 250 grams of tobacco products or more than 2 litres of alcohol or more than 1 litre or perfumery?

Yes No

Food of any kind, e.g., meat, fats, milk, baby food, butter, cheese, confectionary, herbs, spices etc?

Yes No

Plants or parts of plants, e.g., fruits, nuts, seeds, bulbs, flowers, straw, wooden articles, bamboo, sugarcane, mushrooms soil, rocks etc?

Yes No

Animals, parts of animals, animal and agricultural products including equipment, biological specimens such as vaccines, cultures, blood etc?

Yes No

New articles the total value of which exceeds K6,000 per adult and K3,000 per child under 18 years?

Yes No

Visited an abattoir or meat packing place or been in contact with plantation crops?

Yes No

Please tick to confirm your application details:

I, the applicant, hereby certify that I have read, or have had read to me, all the questions and statements on this application and understand all the questions and statements on this application. The answers and information furnished in this application are true and correct to the best of my knowledge and belief.

Print name (BLOCK CAPITALS):

Date: DD/MM/YYYY

Health Declarations

Have you visited any countries/territories where you stayed within 2 weeks before arrival?

Yes No

If yes

Countries visited:

Do you have any of the following symptoms? Please check all that apply:

- Diarrhea Fever Sore throat Vomiting Rash
 Jaundice Headache Cough or shortness of breath
 Abdominal pain Enlarged lymph glands or tender lumps
 None of the above