PASE BULLETIN No. 3 – ENTRY REQUIREMENTS

A passport that is valid for six months after the last day of your trip is required for all visitors to Christmas Island. If your passport expires before then, please renew it right away. The passport has to be presented upon check-in at the airport in Honolulu.

Citizens and nationals of the United States and nationals of Australia, France, Germany, Italy, Japan, and New Zealand must have a KIRIBATI VISA (see next page) to enter Christmas Island. Citizens of Canada and the United Kingdom (excluding N. Ireland) need not obtain this visa. The visa can be obtained in advance from the Consulate of Kiribati or the morning of departure in Honolulu. Kiribati strictly enforces its immigration/visa requirements. Westerners, including American citizens, have been detained for visa violations. The cost of a single entry visa is $25, a multiple entry visa is $40.

For more information on entry requirements, please contact the

Consulate of the Republic of Kiribati
95 Nakolo Place, Rm. 265
Honolulu, Hawaii 96819
Tel. (808) 834-6775, fax (808) 834-7604
e-mail kiribaticonsul@aol.com.
VISA APPLICATION FORM TO ENTER KIRIBATI
[Made Under Sect. 20 of Passport VISA REGULATIONS 2 (3)]

NAME IN FULL ________________________________________

LAST NAME/SURNAME ________________________________

OTHER NAMES USED, IF ANY ______________________________________

SEX ________________________________

GIVEN (FIRST) AND MIDDLE NAME ________________________________

NATIONALITY OR CITIZENSHIP ________________________________

MARITAL STATUS: ☐ MARRIED ☐ SINGLE

DATE OF BIRTH: DAY _____ MONTH _______ YEAR _________

PLACE OF BIRTH: CITY __________ STATE/PROVINCE _________ COUNTRY __________

PASSPORT NUMBER ________________________________

☐ DIPLOMAT ☐ OFFICIAL ☐ ORDINARY

DATE PASSPORT ISSUED: DAY _____ MONTH _______ YEAR _________

PASSPORT ISSUED AT: CITY _____________________________ COUNTRY _________

DATE PASSPORT EXPIRES: DAY _____ MONTH _______ YEAR _________

HOME ADDRESS _________________________________________

CITY ______________________ STATE __________ ZIP CODE __________

HOME TELEPHONE NUMBER ________________________________

NAME AND ADDRESS OF FIRM OR ORGANIZATION ________________________________

BUSINESS TELEPHONE NUMBER ________________________________

PRESENT PROFESSION OR OCCUPATION ________________________________

PRINCIPAL FORMER POSITIONS ________________________________

PURPOSE OF JOURNEY TO KIRIBATI ________________________________

LENGTH OF STAY IN KIRIBATI ________________________________

ROUTE OF PRESENT JOURNEY ________________________________

PROBABLE DATE OF ENTRY ________________________________

ADDRESS OF HOTELS OR NAMES OF PERSONS WITH WHOM APPLICANT INTENDS TO STAY ________________________________

DATE AND DURATION OF PREVIOUS STAYS IN KIRIBATI ________________________________

GUARANTOR OR REFERENCE IN KIRIBATI: NAME ________________________________

ADDRESS ________________________________ TEL. NO. __________________

I HEREBY DECLARE THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT. Also, I understand that immigration status and period of stay to be granted are decided by the Immigration Authorities in Kiribati upon my arrival.

DATE: ____________________________ SIGNATURE OF APPLICANT ____________________________