

EXEMPTION STATUS APPLICATION

Version: 01
Date: 01/06/2022

Document No.
FID-001E

Exemption Status Category (Tick One Only)

Spouse of Fiji Citizen

Is granted to a person legally married to a bona fide Fiji citizen to enter and reside in the country without the necessity of obtaining a permit.

Child of Fiji Citizen

Is granted to an unmarried child of a Fiji citizen under the age of 18 years and holder of a foreign passport to enter, reside and study in the country.

Non Fiji Citizen Civil Servants

Is granted to a person employed in the service of the Government of the Fiji Islands or the government of any country or territory entering the Fiji Islands in the course of his/her duty to enter, reside and work.

Family members of Exempted Person

Is granted to a member of the family of an exempted person (principal applicant) to enter and reside in Fiji without a permit during the time the principal applicant is resident in Fiji.

Members of Military Forces

Is granted to any serving member of the military forces of another country to enter and reside in the country for the period of an authorized military exercise, training or secondment.

Instructions:

1. Application must be made by persons over 18 years of age.
2. This application to be filled by the Principal Applicant ONLY.
3. All documents must be submitted as per Exemption Status document requirements. The Department reserves all rights to acquire additional documents for further verification as and when required.
4. Where a question in a particular section does not apply to you please put NONE or N/A where applicable.
5. All documents submitted must be certified copies.
6. Providing false information in this application can lead to imprisonment or a fine or both.
7. No Fees is required for Exemption Application.
8. One form should be completed by each applicant. However, where a family member is applying for exemption status at the same time as principal applicant, the spouse and their children under 18 years of age may be included on the same form.

How to apply:

1. Complete this form in English using CAPITAL LETTERS.
2. You must provide the address on where you intend to live while your application is being processed. Failure to give residential address in your application will result in your application being invalid. Postal address will not be accepted as your residential address.
3. If your documents are not in English language, you must arrange them to be translated to English by an accredited translator or confirmation from your respective embassies.
4. Completed forms should be submitted to the nearest Fijian Immigration Office, Fiji Consulate Office, Embassies or lodged Online through the Fijian Immigration website www.immigration.gov.fj
5. Keep a copy of your application and all attachments for your own record.

DOCUMENT REQUIREMENTS - SPOUSE OF A FIJI CITIZEN

New/Extension	
<input type="checkbox"/>	Completed Exemption Application Form
<input type="checkbox"/>	Request Letter (from Fiji Citizen) for Exemption as spouse of Fiji citizen
<input type="checkbox"/>	Copy of applicant's bio-data page of passport
<input type="checkbox"/>	Two [2] recent passport size photographs
<input type="checkbox"/>	Certified copy of marriage certificate
<input type="checkbox"/>	Proof of spouse's Fiji Citizenship (e.g. bio data page of passport, birth certificate, certificate of naturalization, etc.)
<input type="checkbox"/>	Police Report for Principal applicant [from country of citizenship or residence]
<input type="checkbox"/>	Medical Report for principal applicant [6 months validity from date of lodging]
<input type="checkbox"/>	Copy of previous Exemption Status (if applicable)
<input type="checkbox"/>	Copy of COVID 19 Vaccination Card
DOCUMENT REQUIREMENTS - CHILD OF FIJI CITIZEN	
New/Extension	
<input type="checkbox"/>	Completed Exemption Application Form
<input type="checkbox"/>	A request letter from either Fiji Citizen Parent(s)
<input type="checkbox"/>	A support letter from the guardian and copy of guardian's photo ID if the child is not residing with parent (s) in Fiji
<input type="checkbox"/>	Medical Report for principal applicant [6 months validity from date of lodging]
<input type="checkbox"/>	Certified copy of the child/children's passport (Bio-data page)
<input type="checkbox"/>	Two (2) recent passport size photographs of child/children
<input type="checkbox"/>	Certified copy of child/children's Birth Certificate
<input type="checkbox"/>	Copy of either parents' Fiji Passport
<input type="checkbox"/>	Copy of previous Exemption Status (if applicable)
<input type="checkbox"/>	Copy of COVID 19 Vaccination Card
DOCUMENT REQUIREMENTS - NON FIJI CITIZEN CIVIL SERVANTS	
New/Extension	
<input type="checkbox"/>	Completed Exemption Application Form
<input type="checkbox"/>	Approval and Endorsement form from the Office of the Prime Minister (if applicable)
<input type="checkbox"/>	Copy of signed Employment Contract
<input type="checkbox"/>	Copy Passport bio data page
<input type="checkbox"/>	Request letter from the sponsor/local organisation and may include any relevant MOU
<input type="checkbox"/>	Two (2) recent passport size photographs
<input type="checkbox"/>	Invitation and agreement by relevant bodies and overseas counter parts
<input type="checkbox"/>	Copy of COVID 19 Vaccination Card
DOCUMENT REQUIREMENTS - FAMILY MEMBERS OF EXEMPTED PERSONS	
New/Extension	

<input type="checkbox"/>	Completed Exemption Application Form
<input type="checkbox"/>	Copy of Passport bio data page
<input type="checkbox"/>	Request letter from the sponsor or local organisation
<input type="checkbox"/>	Copies of birth certificates for dependent children
<input type="checkbox"/>	Copy of marriage certificate for spouse.
<input type="checkbox"/>	Copy of COVID 19 Vaccination Card
DOCUMENT REQUIREMENTS - MEMBERS OF MILITARY FORCES	
New/Extension	
<input type="checkbox"/>	Completed Exemption Application Form
<input type="checkbox"/>	Copy of Passport bio data page
<input type="checkbox"/>	Request letter from Service Concerned
<input type="checkbox"/>	Letter of endorsement from Ministry of Foreign Affairs
<input type="checkbox"/>	Copy of COVID 19 Vaccination Card
PLEASE ENSURE DOCUMENTS SUBMITTED ARE IN ENGLISH ONLY	
No Fees Required	Processing Timeline: 21 Working Days

Type or use a pen, and write in English using CAPITAL LETTERS

Tick where applicable

PART A APPLICATION INFORMATION

(To be completed by the principal applicants)

Tick One Only

- New
- Extension ► **Go to Part B**

A1. Are you currently outside Fiji?

- Yes
- No ► **Go to Part B**

A2. Intended date of arrival

PART B PERSONAL DETAILS

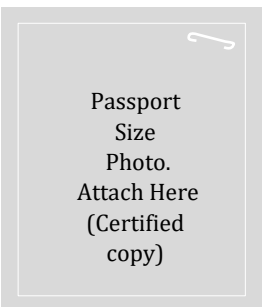
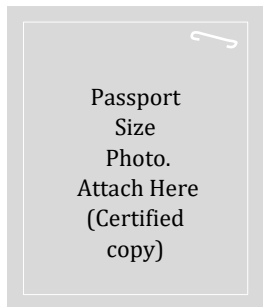
(To be completed by the principal applicants)

B1. Preferred title: (Tick **Only One** box) Mr Mrs Ms

- Miss Dr Other (specify)

B2. Surname

B3. Given Name(s)



B4. Have you been known by any other names? *(Including name at birth or previous married names)*

No Yes ► Give details

i. Surname

ii. Given Name(s)

B5. Date of Birth (dd/m/yyyy)

B6. Gender

Male Female

B7. Country of birth

B8. Place of Birth

B9. Country of Citizenship

B10. Marital Status:

Married

Never married

Partner/De facto

Widowed

Engaged

Separated

Divorced

B11. Passport Number

B12. Country of Passport

B13. Date of Issue

B14. Date of Expiry

B15. Place of issue

B16. Do you have other current passport?

No Yes ► Give details

i. Passport Number

ii. Country of Passport

B17. Did you held any previous passport(s)?

No Yes ► Give details

i. Old Passport Number

ii. Date of Issue

iii. Date of Expiry

iv. Place of Issue

B18. Current Residential Address

B19. Postal Address

B20. Telephone Numbers

B21. Email Address

B22. Intended Residential Address in Fiji

PART C DEPENDENT DETAILS*(To be completed by the Principal Applicant)**** Complete below if your Family Members are included in this Application.**

Full Names (Surname First)	Date of Birth	Country of Birth	Sex	Relationship

PART D CHARACTER DECLARATION*(To be completed by the Principal Applicant)*

You must complete the character declaration below in full, stating whether you have any convictions or other character issues of concern. *(Tick either Yes or No)*

Conviction Offences		Yes	No
1.	Are you and/or any of your accompanying family members currently facing charges for any offence, under investigation, or wanted by any law enforcement agency in any country, including Fiji?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever:		
a.	been convicted or found guilty of any offence(s) against the law in any country (including any conviction which is now removed from official records, or where no conviction was recorded)?	<input type="checkbox"/>	<input type="checkbox"/>
b.	been sentenced to serve a period of time in prison or other form of detention?	<input type="checkbox"/>	<input type="checkbox"/>
c.	been refused entry to, or deported, removed or extradited from any country, including Fiji?	<input type="checkbox"/>	<input type="checkbox"/>
d.	been involved in any terrorist activities or advocated similar violent activities or been a member of, or adhered to, any terrorist organization?	<input type="checkbox"/>	<input type="checkbox"/>
e.	been involved in the illicit drug trade?	<input type="checkbox"/>	<input type="checkbox"/>
f.	been the subject of a domestic or family violence order, or any other order, of a tribunal or court or other similar authority, for the personal protection of another person?	<input type="checkbox"/>	<input type="checkbox"/>
g.	been named on a sex offender register?	<input type="checkbox"/>	<input type="checkbox"/>
h.	been acquitted of any offence on the grounds of unsoundness of mind or insanity?	<input type="checkbox"/>	<input type="checkbox"/>
i.	been associated with a person, group or organisation that has been/is involved in criminal conduct?	<input type="checkbox"/>	<input type="checkbox"/>
j.	been directly or indirectly involved in, or associated with, activities which would represent a risk to national security in any other country?	<input type="checkbox"/>	<input type="checkbox"/>

k.	been charged with, or indicted for: genocide, war crimes, crimes against humanity, torture, slavery, or any other crime that is otherwise of a serious international concern?	<input type="checkbox"/>	<input type="checkbox"/>
l.	been associated with a person, group or organisation that has been/is involved in criminal conduct?	<input type="checkbox"/>	<input type="checkbox"/>
m.	been associated with an organisation engaged in violence or engaged in acts of violence (including war, insurgency, freedom fighting, protest) overseas?	<input type="checkbox"/>	<input type="checkbox"/>
n.	served in a military force, police force, state sponsored/private militia?	<input type="checkbox"/>	<input type="checkbox"/>
o.	undergone any military/paramilitary training, been trained in weapons/explosives or in the manufacture of chemical/biological products?	<input type="checkbox"/>	<input type="checkbox"/>
p.	been involved in people smuggling or people trafficking?	<input type="checkbox"/>	<input type="checkbox"/>
q.	overstayed a visa in any country, including Fiji?	<input type="checkbox"/>	<input type="checkbox"/>
r.	Are you in default of any lawfully imposed debt, or are you an undischarged bankrupt?	<input type="checkbox"/>	<input type="checkbox"/>
Health			
s.	Are you suffering from any medical conditions or communicable disease which may pose a threat to the health and safety of the Fijian community or impose a burden on the Fijian medical system?	<input type="checkbox"/>	<input type="checkbox"/>

If answered **Yes** to any questions above ► Give full details

PART E **AUTHORISED RECIPIENT OF INFORMATION**

(To be completed by the Principal Applicant)

You may authorise another person to receive all communications, both written and electronic, about your application with the Department. The Department will communicate with the most recently appointed authorised recipient as you may appoint **only one** authorised recipient at any time for a particular application.

All written communications about this application should be sent to: *(Tick **Only One** box)*

- Myself ► Go to Part F
- Authorised recipient ► Provide details below

E1. Surname

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E2. Given Name(s)

E3. Organisation Name *(if applicable)*

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E4. Business or residential address

--

E5. Address for correspondence *(if same as business or residential address, write 'AS ABOVE')*

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E6. Email

--

E7. Telephone

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PART F

DECLARATION

(To be completed by the Principal Applicant)

F1. Please read the following carefully before signing. Complete this declaration if you are the principal applicant and are aged 18 years or over.

- I declare that the information I have supplied in this form is complete, true and correct in every detail.
- I understand that a decision on this application will be made on the basis of documents and statements provided.
- I am aware this application may be unsuccessful where I have not demonstrated that the criteria of the grant of the permit have been satisfied. All the required documentation demonstrating this should be provided at the time of lodgment.

Signature: _____ **Date:** _____

F2. Declaration by person assisting the applicant. *(Note: Provide copy of valid ID, if you are filling J2)*

Note: this section must be completed and signed by the applicant's immigration adviser, or by any person who has assisted the applicant by providing immigration advice, explaining, translating, or recording information on the form for the applicant. If the applicant does not have an immigration adviser, and no one helped the applicant to fill in this form, this section does not have to be completed.

I certify that the applicant asked me to help them complete this form and any additional forms. I certify that the applicant agreed that the information provided was correct before signing the declaration.

- I have assisted the applicant as an interpreter/translator.
- I have assisted the applicant with recording information on the form.
- I have assisted the applicant in another way.

Specify:

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