

INVESTOR PERMIT APPLICATION NEW/EXTENSION

Version: 01
Date: 12/08/2022

Document No.
FID-005

Who should use this form:

Foreign investors (non-citizen) who wish to invest in Fiji may use this Form when applying for New or Extension of Investor Permit. Please read instructions carefully before filling in the Application Form.

Instructions:

1. Application must be made by persons over 18 years of age.
2. All documents must be submitted as per Investor Permit Documentary Requirements. The Department reserves all rights to acquire additional documents for further verification as and when required.
3. Where a question in a particular section does not apply to you please put N/A.
4. Providing false information in this application can lead to imprisonment or a fine or both.
5. Individual form needs to be filled by each applicant. Their spouse and dependent children to be included in the same form.
6. Applicant will be required to pay applicable Issue Fee and Bond Fee as highlighted in the Permit Decision Letter once approved.
7. For any clarification you may email the Department on fidpermits@gmail.com

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 lodged Online through the Fijian Immigration website www.immigration.gov.fj.
**After submitting the Application, refer to email notification for Online Payment Details. Ensure to upload a copy of the Bank Payment Receipt on the link <https://form.jotform.com/220728562158055>.*
5. Keep a copy of your application and all attachments for your own record.

DOCUMENT REQUIREMENTS - PRINCIPAL APPLICANT

For New:

<input type="checkbox"/>	Completed and signed Investor Permit Application Form (Form No: FID-005)
<input type="checkbox"/>	Two [2] recent Passport size photographs
<input type="checkbox"/>	Request Letter from the Company
<input type="checkbox"/>	Company Profile/ Background
<input type="checkbox"/>	Company Registration Certificate - (Registrar of Companies)
<input type="checkbox"/>	Fiji Revenue and Customs Services – Tax Identification Number
<input type="checkbox"/>	Reserve Bank of Fiji letter – Stating the classification of ordinary shares per Investor/ Shareholder
<input type="checkbox"/>	Certified copy of Bio-data page of Passport
<input type="checkbox"/>	Individual Foreign Bank Statement
<input type="checkbox"/>	Foreign Company’s Bank Statement [where applicable]
<input type="checkbox"/>	Police Report [from country of citizenship or residence] (valid for 12 months or less from date of application)

<input type="checkbox"/>	Medical Report (valid for 3 months or less from date of application)
<input type="checkbox"/>	Endorsement from Relevant Authorities [MCTTT, Ministry of Agriculture, Ministry of Lands & Mineral Resources, etc.] (if applicable)
<input type="checkbox"/>	Copy of COVID 19 Vaccination Card
For Extension:	
<input type="checkbox"/>	Completed and signed Investor Permit Application Form (<i>Form No: FID-005</i>)
<input type="checkbox"/>	Letter from Reserve Bank of Fiji [Update on Investment from Offshore]
<input type="checkbox"/>	Valid Tax Compliance Certificate (TCC)
<input type="checkbox"/>	Company Registration Certificate - (Registrar of Companies) (Valid)
<input type="checkbox"/>	Latest Local Bank Statement
<input type="checkbox"/>	Fiji National Provident Fund Compliance Letter
<input type="checkbox"/>	Police Report [local or country of residence] (valid for 12 months or less from date of application)
<input type="checkbox"/>	Medical Report (valid for 3 months or less from date of application)
<input type="checkbox"/>	Copy of COVID 19 Vaccination Card
DOCUMENT REQUIREMENTS – DEPENDENT’S (if Applicable)	
For New/Extension:	
<input type="checkbox"/>	Two [2] recent passport size photographs for all Dependents
<input type="checkbox"/>	Certified copy of Birth Certificate for all Dependents
<input type="checkbox"/>	Certified copy of Marriage Certificate for Spouse
<input type="checkbox"/>	Police Report [from country of citizenship or residence] (valid for 12 months or less from date of application) for Spouse
<input type="checkbox"/>	Medical Report (valid for 3 months or less from date of application) for all Dependents
<input type="checkbox"/>	Copy of COVID 19 Vaccination Card for all Dependents
PLEASE ENSURE DOCUMENTS SUBMITTED ARE IN ENGLISH ONLY	
Application Fees : \$452.00	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 A3**

A1. Are you currently outside Fiji?

Yes No ► **Go to Part B**

A2. Intended date of arrival

A3. Is Family members also included in this Application?

Yes ► **Ensure to complete Part C (Dependent Details) of the Application Form**

No ► **Go to Part B**

PART B**PERSONAL DETAILS***(To be completed by the principal applicants)***B1.** Preferred title: *(Tick **Only One** box)* Mr Mrs Ms Miss Other (specify)**B2.** SurnamePassport
Size
Photo.
Attach Here
(Certified
copy)Passport
Size
Photo.
Attach Here
(Certified
copy)**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.** Do you hold any other passport?No Yes ► **Give details****i.** 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	Gender	Relationship

PART D

COMPANY DETAILS

(To be completed by the Principal Applicant)

D1. Business Name

D2. Address of Company

D3. Telephone Numbers

D4. Email Address

D5. Type of Business

- Corporation Branch Partnership
 Privately owned Joint Venture Subsidiary Others _____

D6. Nature of Business

- Manufacturing General Trade Agriculture Tourism
 Retail Sales Services/Technology Restaurant Others _____

D7. Nature of Business in detail ► As ticked above *(For additional information: Use space provided in PART H if necessary)*

D8. Position in the company

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D9. Duties of this position

D10. Investment threshold *(For additional information: Use space provided in PART H if necessary)*

Investment Amount*	Projected return on Investment	Business Expansion Plan

D11. Date of commencement of Business

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D12. Years of Investment Experience ► Provide Details *(For additional information: Use space provided in PART H if necessary)*

D13. Number of local/expatriate persons employed/to be employed and their positions in the organization. *(For additional information: Use space provided in PART H if necessary)*

Name	Position	Local	Expatriate
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

D14. Shareholding Structure *(For additional information: Use space provided in PART H if necessary)*

Name	Voting Rights (%)	Shareholding (%)	Monetary Value (F\$)

PART E 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 Offenses		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** (For additional information: Use space provided in PART H if necessary)

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 F2)*

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:

F3. Name

F4. Email

F5. Telephone

Signature: _____ **Date:** _____

PART G **AUTHORISED RECIPIENT OF INFORMATION**

(To be completed by the Employer)

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 G6**
- Authorised recipient ► **Provide details**

G1. Surname

G2. Given Name(s)

G3. Organisation Name *(if applicable)*

G4. Business or residential address

