

WORK PERMIT APPLICATION MARITIME CREW (FISHING VESSELS)

Version: 02
Date: 01/11/2023

Document No.
FID-002B

Who should use this form:

You may use this form to apply for a Maritime Crew Permit if you are currently employed or under offer of employment as a member of the crew of a fishing vessel.

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 Work Permit Maritime Crew (Fishing Vessel) documentary 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. Ensure that you include the applicable fee.
8. One form should be completed by each applicant. However, where a family member is applying for permits 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 - PRINCIPAL APPLICANT

New/Extension

Employee

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Completed and signed Fishing Work Permit Application Form |
| <input type="checkbox"/> | Certified copy of applicant's bio-data page of passport |
| <input type="checkbox"/> | Two [2] certified photographs |
| <input type="checkbox"/> | For New : Police Report for Principal applicant [from country of citizenship or residence]
For Extension : Local Police Report for Principal applicant |
| <input type="checkbox"/> | Medical Report for principal applicant [6 months validity from date of lodging] |
| <input type="checkbox"/> | Signed Contract of Employment [between the company and applicant] |
| <input type="checkbox"/> | Curriculum Vitae [Updated] |
| <input type="checkbox"/> | Applicant's Certified Academic Certificates |

Employer	
<input type="checkbox"/>	Request letter from the Employer
<input type="checkbox"/>	Company Profile
<input type="checkbox"/>	Company Registration
<input type="checkbox"/>	Certified copy of Business Registration
<input type="checkbox"/>	Certified copy of Tax Compliance Certificate from FRCS [Valid]
DOCUMENT REQUIREMENTS – DEPENDENT’S (if Applicable)	
<input type="checkbox"/>	Two [2] recent passport size photographs for all Dependents
<input type="checkbox"/>	Certified copy of Birth Certificate for all applicants
<input type="checkbox"/>	Certified copy of Marriage Certificate for Spouse
<input type="checkbox"/>	For New : Police Report for from country(s) of residence for the last 12 months or more (valid for 12 months or less from date of application) – For Spouse
	For Extension : Local Police Report for Spouse
<input type="checkbox"/>	Medical Report [6 months validity from date of lodging] for all Dependents
PLEASE ENSURE DOCUMENTS SUBMITTED ARE IN ENGLISH ONLY	
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

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. Surname

Passport
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. 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 C	CURRENT & PREVIOUS EMPLOYMENT DETAILS
---------------	--

(To be completed by the Principal Applicant)

D1. Current Employment status in your country Employed Unemployed Self-employed Student Retired
If Employed ► Provide details

D2. Business/Organisation Name

D3. Business/Organisation Address

D4. Position held

D5. Start date of employment (dd/mm/yyyy)

D6. Contact person in the business/organisation.

Full Name	<input style="width: 90%;" type="text"/>
Position	<input style="width: 90%;" type="text"/>
Telephone No(s)	<input style="width: 90%;" type="text"/>
Email Address	<input style="width: 90%;" type="text"/>

D7. List with dates your previous work experiences.

Position	Business/Organization	Date from (DD/MM/YY)	Date To (DD/MM/YY)

PART E EDUCATION & QUALIFICATION

(To be completed by the Principal Applicant)

E1. List down your educational/academic background, with dates and qualifications earned.

Educational Institute	Qualification Attained	Date Obtained (DD/MM/YY)

PART F 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"/>

G2. 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:

G3. Name

G4. Email

G5. Telephone

Signature: _____ **Date:** _____

PART H **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 Part I
- Authorised recipient ►Provide details

H1. Surname

H2. Given Name(s)

H3. Organisation Name *(if applicable)*

H4. Business or residential address

H5. Address for correspondence (if same as business or residential address, write 'AS ABOVE')

H6. Email

H7. Telephone

PART I

EMPLOYER DETAILS

(To be completed by the Employer)

I1. Name of Business/Organisation Name.

I4. Address of Business/Organisation

I5. Nature of Business in detail.

I6. Email

I7. Telephone

PART J

EMPLOYEE CONTRACT DETAILS

(To be completed by the Employer)

J1. Job Title

J2. Duration of Contract

Day(s) Month(s) Year(s)

J3. Remuneration Rate (state currency)

\$

per hour Week Month Year

J4. Start Date of employment:

J5. Hours: Hours of work _____ to _____ per day with _____ rest period

J6. Shift work: No Yes ► Shift Hours _____

J7. Place of work:

J8. Probationary Period

Health Insurance Housing Allowance Traveling Allowance Other Benefits _____

PART K

EMPLOYER DECLARATION

(To be completed by the Employer)

- a. We agree to comply with all the requirements in this form and to submit all the Documents requested, therein.
- b. We agree to comply fully with the terms and conditions of the permit to employ that may be issued as a result of this application.
- c. We fully indemnify the Government of the Fiji Islands against any expense in connection with the presence in or removal from the Fiji Islands of (employee's name) and all members of his/her family who may be issued with permits by virtue of their relationship to the applicant.
- d. We will provide an Immigration Security Bond in respect of the repatriation of this employee and his/her family from the Fiji Islands when the permits are approved.
- e. We certify that all the above information is true to the best of our knowledge and belief.

K1. Name

K2. Address

K3. Contact Details

Signature: _____

Date: _____

Company Stamp/Seal:

STAMP/SEAL

