



## APPLICATION FOR SECONDMENTS WORK PERMIT

Version: 02  
Date: 01/01/2023

Document No.  
**FID-002C**

### Who should use this form:

- Seconded from parent company to a Fiji Branch.

### 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 Secondments Work Permit 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](http://www.immigration.gov.fj)
5. Keep a copy of your application and all attachments for your own record.

### DOCUMENT REQUIREMENTS

#### New/Extension

#### Employee

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Completed and signed 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"/> | Police Report for Principal applicant [from country of citizenship or resident]              |
| <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] <i>for Secondment Only</i> |

#### Employer

- |                          |                                  |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | Request letter from the Employer |
|--------------------------|----------------------------------|

<input type="checkbox"/>	Company Registration (Submit only once)
<input type="checkbox"/>	Certified copy of Valid Tax Compliance Certificate from FRCS (Submit only once)
<b>DOCUMENT REQUIREMENTS – DEPENDENT’S (if Applicable)</b>	
<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"/>	Police Report from country(s) of residence for the last 12 months or more (valid for 12 months or less from date of application) – For Spouse
<input type="checkbox"/>	Medical Report [3 months validity from date of lodging] for all Dependents
<b>PLEASE ENSURE DOCUMENTS SUBMITTED ARE IN ENGLISH ONLY</b>	
<b>Processing Timeline: 21 Working Days</b>	

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  Dr  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**

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**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 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.	<b>Have you ever:</b>		
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"/>
<b>Health</b>			
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 EMPLOYEE DECLARATION**

*(To be completed by the Principal Applicant)*

**E1.** 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:** \_\_\_\_\_

**E2. 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:

**E3. Name**

**E4. Email**

**E5. Telephone**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PART F**

**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 G
- Authorised recipient ► Provide details below

**F1. Surname**

**F2. Given Name(s)**

  

**F3. Organisation Name (if applicable)**

**F4. Business or residential address**

**F5.** Address for correspondence (*if same as business or residential address, write 'AS ABOVE'*)

**F6.** Email

**F7.** Telephone

## **PART G**

### **EMPLOYER DETAILS**

*(To be completed by the Employer)*

**G1.** Name of Business/Organisation Name.

**G4.** Address of Business/Organisation

**G5.** Nature of Business in detail.

**G6.** Email

**G7.** Telephone

## **PART H**

### **EMPLOYEE CONTRACT DETAILS**

*(To be completed by the Employer)*

**H1.** Job Title

**H2.** Duration of Contract

Day(s)    Month(s)    Year(s)

**H3.** Start Date of employment:

**H4.** End Date of employment:

**H5.** Place of work

## **PART I**

### **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.





