

6 MONTH WAIVER [NON – FIJI NATIONALS]

Please be advised that those intending to travel to Fiji are required to have their passports valid for 6 months from the intended date of departure from Fiji.

If the validity of passport is less than 6 months, you will not be permitted to travel to Fiji. Please note that New Zealand passports can be renewed by the NZ Department of Internal Affairs in extremely urgent circumstances.

In exceptional and extenuating circumstances, those who can demonstrate that it is not possible to have their passports renewed prior to their intended date of travel may submit an application for 6 month passport validity waiver to enter Fiji.

The application and fees should be submitted at least 2 weeks prior to departure. Please note that waiver approvals are not guaranteed and are granted on a case-by-case basis, in exceptional circumstances only.

Requirements for 6 Month Waiver:

- A duly completed 6 Months Waiver Request Form
- Certified copy of applicant's passport bio-data page
- Confirmed Travel itinerary
- Confirmed Hotel booking or letter from Sponsor in Fiji
- Waiver fee of \$100 must be in the form of Bank Cheque payable to "Fiji High Commission" .**Waiver fee is NON-REFUNDABLE.**

Telephone: 04- 4735401
Facsimile: 04- 4991011
Email address: viti@paradise.net.nz
Website: www.fiji.org.nz



FIJI HIGH COMMISSION
31 Pipitea St, Thorndon
Wellington
New Zealand

6 MONTHS WAIVER REQUEST FORM

Please complete the form in Block letters and print clearly

1. *Applicant's Full Name:* _____

2. *Dob:* _____ 3. *Passport No:* _____

4. *Date of Issue:* _____ 5. *Date of Expiry:* _____

6. *Residential Address:* _____

7. *Email address:* _____ 8. *Ph No:* _____

9. *Date of Arrival:* _____ 10. *Date of Departure:* _____

11. *Please attach evidence of the following:*

- *Certified copy of applicant's passport bio-data page*
- *Copy of NZ Visa (if applicable)*
- *Flight Itinerary*
- *Hotel Booking/ Sponsor letter*
- *Applicant's without email addresses are required to provide a prepaid courier bag*
- *Application to be forwarded to fhcnz17@gmail.com or send by courier to our physical address.*

12: FOR OFFICIAL USE ONLY

VETTING OFFICER

Name: _____ *Fees Paid:* _____

Revenue Receipt No: _____ *Signature:* _____

Date: _____

