



SOLOMON ISLANDS

PASSPORTS ACT

FORM B

APPLICATION FOR RENEWAL OF  
\*ORDINARY/\*OFFICIAL/\*DIPLOMATIC PASSPORT

**IMPORTANT:- READ CAREFULLY AND COMPLETE IN INK AND IN BLOCK CAPITALS**

|  |      |                 |
|--|------|-----------------|
| SURNAME/FAMILY NAME: *Mr.<br>*Mrs.<br>*Miss<br>*Ms<br>*Title                         |      | FIRST NAMES:    |
| DATE OF BIRTH (If Known) ...../...../.....<br>Day Month Year                         | AGE: | PLACE OF BIRTH: |
| MARITAL STATUS (*SINGLE, *MARRIED, *DIVORCED, *WIDOWED, *DEFACTO) PERMANENT ADDRESS: |      |                 |

IF BEARER IS A MARRIED WOMAN OR WINDOW GIVE:

|  |  |
|--|--|
| HUSBAND'S SURNAME/FAMILY NAME:   | HIS FIRST NAME(S)                        |
| DATE OF HUSBAND'S BIRTH (If Known) ...../...../.....<br>Day Month Year   | HIS AGE: PLACE OF HSUBAND'SBIRTH*        |
| NATIONALITY OF HUSBAND   | YOUR SURNAME/FAMILY NAME BEFORE MARRIAGE |
| *IF HUSBAND'S BIRTH OCCURED IN A FOREIGN COUNTRY GIVE INFORMATION REGARDING HIS SOLOMON ISLANDS DESCENT OVERLEAF |  |

PARTICULARS OF CHILDREN IF INCLUDED IN A PASSPORT (NOTE: Children who are 16 years or over require separate passport)

| NAME OF CHILD | PLACE OF BIRTH | DATE OF BIRTH | NATIONAL STATUS |
|---------------|----------------|---------------|-----------------|
| 1.            |                |               |                 |
| 2.            |                |               |                 |
| 3.            |                |               |                 |
| 4.            |                |               |                 |

I hereby apply for the renewal of my Solomon Islands \*ORDINARY, \*OFFICIAL, \*DIPLOMATIC, Passports for a further period. I declare that I am a citizen of Solomon Islands by \*Birth, \*Descent or \*Registration:

No. of certificate .....

Place of Issue .....

Date of Issue .....

I also declare that I have not lost that status, and that all the particulars given by me in respect of my application are true. I further declare that I have no other passport in my possession.

SIGNED ..... DATE .....

**RECOMMENDER**

|  |           |            |
|--|-----------|------------|
| A. I (Give full name) ..... certify that the applicant is known to me personally and that to the best of my knowledge and belief the facts stated on this form are correct. I am a citizen of Solomon Islands.   |           |            |
| B. I certify that the applicant is known to me or has been identified to me by ..... and that to the best of my knowledge and belief the facts stated on this form are correct and that the applicant is due to renew his *OFFICIAL/*DIPLOMATIC passport for purposes of proceeding abroad on Government business. I recommend that his OFFICIAL/DIPLOMATIC passport be renewed. |           |            |
| ADDRESS  | SIGNATURE | PROFESSION |

**NOTE:- THE RECOMMENDER OF AN APPLICATION FOR RENEWAL OF AN ORDINARY PASSPORT MUST BE A MEMBER OF PARLIAMENT, A MEDICAL OR LEGAL PRACTITIONER, A JUDICIAL OFFICER, A MINISTER OF RELIGION, A BANK OFFICER, A CIVIL SERVANT (LEVEL 5 OR ABOVE), A POLICE OFFICER OF THE RANK OF INSPECTOR OR ABOVE OTHER PERSON OF SIMILAR STANDING TO WHOM THE APPLICANT IS PERSONALLY KNOWN.**

**AN APPLICATION FOR THE RENEWAL OF A DIPLOMATIC OR OFFICIAL PASSPORT MUST BE RECOMMENDED BY THE MINISTRY OF FOREIGN AFFAIRS.**

CAUTION - Applicants and persons recommending them, are warned that should any of the statements contained in their respective declarations prove to be untrue, the consequence to them may be serious. The attention of persons who are asked to sign this declaration is specially called to the fact that it can only be signed from personal knowledge of the applicant and not from information obtained from other persons.

CROSS OUT WORDS OR TITLES NOT APPLICABLE.

**FOR OFFICIAL USE ONLY**

| <b>VETTING/RECEIVING OFFICER</b>   | <b>VETTING/APPROVAL</b>  |
|--|--|
| <p>NAME:</p> <p>SIGNATURE:</p> <p>DATE:</p> <p>APPLICATION LODGED BY:</p> <p>COMMENTS:</p> <p>DOCUMENTS/CERTIFICATES LODGED:</p> <p style="margin-left: 20px;">(1)</p> <p style="margin-left: 20px;">(2)</p> <p style="margin-left: 20px;">(3)</p> <p style="margin-left: 20px;">(4)</p> | <p>NAME OF OFFICER:</p> <p>SIGNATURE:</p> <p>DATE:</p> <p>COMMENTS:</p>  |
|  | <p>FEE PAID: *CASH/CHEQUE AMOUNT: .....</p> <p>CHEQUE NO.: .....</p> <p>GTR NO.: ..... DATE PAID: .....</p>  |
| <b>PASSPORT PROCESSING</b>   |  |
| <p>NAME OF OFFICER:</p> <p>DATE PASSPORT TYPED:</p> <p>PASSPORT NUMBER ..... DATE OF EXPIRY ..... RENEWED VALID UNTIL .....</p> <p>SIGNATURE:</p>  |  |
| <b>PASSPORT SIGNING</b>  | <b>ISSUING OUT OF PASSPORT</b>   |
| <p>NAME OF OFFICER:</p> <p>SIGNATURE:</p> <p>DATE PASSPORT SIGNED:</p> <p>PASSPORT NUMBER:</p> <p>PASSPORT NUMBER:</p>   | <p>NAME OF OFFICER ISSUING OUT PASSPORT:</p> <p>DATE PASSPORT ISSUED OUT:</p> <p>SIGNATURE OF OFFICER:</p> <p>NAME OF PERSON COLLECTING PASSPORT:</p> <p>ADDRESS/CONTACT NUMBER OF PERSON:</p> |