



PAPUA NEW GUINEA IMMIGRATION AND CITIZENSHIP AUTHORITY

AUTHORISATION FORM

PNG Passport Applicant to complete:

I, (Name) _____ of

Post Office Address _____

Residential Address: Sect. _____ Lot _____ Street _____

Suburb _____ Province/Country _____

Tel _____ Mobile _____

Email _____

Hereby authorise (Name) _____

Relationship: Relative Friend Visa Agency Company Rep.

a) If relative, state exact kinship (eg. Spouse) _____ or

b) State Name of Visa Agency /Company: _____

Tel: _____ Mobile _____ Email: _____

to lodge and collect my passport and the following passports belonging to my immediate family members namely:

Signature: _____ Date _____

Notes:

Applicant(s) to note that severe penalties will be imposed for providing false and misleading information, thus, signing the form is deemed a Declaration that all information provided is true and correct in every particular

- Friends/Relatives authorised to lodge must provide a form of valid ID Card.
- Visa Agencies/Company representatives must provide a copy of a valid Company ID Copy.

