

ASCENSION ISLAND ENTRY PERMIT APPLICATION

(see Guidance Notes before completion)

Family name: (as shown in passport)	Family Name at birth (if different)
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Forenames:

Preferred Title:	Mr	Mrs	Ms	Miss
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Contact Details:

Phone Number:

Fax Number:

Email:

Male:	Female:
Date of Birth: <input style="width: 100%;" type="text"/>	
Place of Birth: <input style="width: 100%;" type="text"/>	
Country of Birth: <input style="width: 100%;" type="text"/>	
Nationality/citizenship: <input style="width: 100%;" type="text"/>	

Passport Number:

Place of Issue:

Issuing Country:

Date of Issue:

Date of Expiry:

Married:	Single:	Partner:
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Will your spouse or partner be on Ascension with you:	Yes:	No:	If Yes, he/she must complete a separate form
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Date of Arrival:

Date of Departure:

Type of Entry Permit Required:

Tourist	<input type="checkbox"/>
Business	<input type="checkbox"/>
In Transit	<input type="checkbox"/>
Employment	<input type="checkbox"/>
* Accompanying a family member	<input type="checkbox"/>

Address whilst on Ascension

If you are applying for a Tourist Entry Permit: Period of stay:	<input style="width: 100%;" type="text"/>
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If you are applying for a Business Entry Permit: Nature of business and period of stay	<input style="width: 100%;" type="text"/>
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If you are applying for a Transit Entry Permit: Period of stay	<input style="width: 100%;" type="text"/>
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If you are applying for an Employment Entry Permit: State your Occupation, Name of Employer, Contract Status (i.e. Single or Accompanied) and the End Date of your Contract	<input style="width: 100%;" type="text"/>
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* If you are accompanying a family member who is or will be employed on Ascension: Name and relationship of family member; his/her Contract Status and Name of Employer on Ascension	<input style="width: 100%;" type="text"/>
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*** Only for accompanying dependants of persons working on Ascension**

ASCENSION ISLAND ENTRY PERMIT APPLICATION Cont'd

Do you have medical insurance
either personally or through
employment?

Yes	
No	

If **Yes**, evidence will be required on arrival. If **No**, the Entry Permit may be refused.

Ascension Island Government will not accept liability for any medical costs incurred.

Declaration:

I understand the questions on this form and I declare that the information I have provided is true and complete.

I will abide by the conditions imposed on my Entry Permit. I understand that I am required to leave Ascension before my permit expires and that if I do not I may face removal action.

Signature & Date: