DIVISION OF IMMIGRATION
Bureau of Customs & Border Protection
MINISTRY OF FINANCE
P.O. BOX 6011
KOROR, REPUBLIC OF PALAU 96940
PHONE: (680) 488-2498/ 2678 FAX: (680) 488-4385
EMAIL: immigration@bcbp.pw

Official Use Only:

Received by: _____

Date: _____ *Time:* _____

APPLICATION FOR PERMIT TO ENTER & WORK AS AN INVESTOR

1. Full Name: _____
(Last) *(First)* *(Middle Initial)*
Dependent of accompanied: _____

2. Date of Birth: Investor: _____ Spouse: _____
3. Country of Birth: Investor: _____ Spouse: _____
4. Citizenship: Investor: _____ Spouse: _____
5. Residential Address: Investor: _____ Spouse: _____

6. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow

7. Passport Number: _____ Social Security Number: _____

8. Nature of Business or Investment in the Republic of Palau:
_____
_____

9. Name of Title or Business: _____

10. Address of Business: _____

11. Contact Number(s): Home: _____ Mobile: _____ Work: _____

12. Attach Copy of FIB/FIAC Terms and Conditions.

13. Have you ever applied for Republic of Palau entry permit before? ☐ YES ☐ NO

14. Provide the Following:

a) Police Clearance from Applicant's place of residence.
b) Sworn statement from the applicant that he or she has not been convicted of felony.
c) Medical examination report.
d) Proof of financial responsibility
e) One (1) recent ID photograph size 2"X 2"
f) Statement of the purpose of the presence of the alien in the Republic.
g) Any other information that the applicant may wish to provide that such visa will be in the best interest of the Republic.
h) Copy of Passport.
i) Copy of FIB License
j) At least holds 25% equity interest certified by FIB
k) Release Letter from Employer.

2" X 2"
PHOTOGRAPH

_____ _____
Applicant Signature Date

OFFICIAL USE ONLY:

ENTRY PERMIT NUMBER: _____ DATE OF ISSUE: _____

ISSUED BY: _____ DATE OF EXPIRY: _____ _____
Chief of Immigration