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 VISA EXTENSION

APPLICATION MUST BE IN BLOCK LETTERS OR TYPED

NAME: _____
(LAST) (FIRST) (MIDDLE)

NATIONALITY: _____DATE OF BIRTH: _____PASSPORT NO: _____

PLACE OF ISSUE: _____DATE OF ISSUE: _____ DATE OF EXPIRY: _____

ADDRESS WHILE IN PALAU: _____
_____

CONTACT NUMBERS & PERSON IN PALAU IF ANY: _____

REASON(S) FOR EXTENSION ***(EXPLAIN IN DETAIL; ANSWERS SUCH AS "TOURISM" IS NOT APPLICABLE)***
_____
_____
_____

PROOF OF SUPPORT: APPLICANT MUST SHOW THAT HE/SHE HAS ADEQUATE FUNDS TO MAINTIAN HIS/HER SELF FOR THE DURATION OF THE EXTENSION.

PROOF OF TRAVEL: APPLICANT MUST PROVIDE PROOF OF ONWARD TRAVEL (i.e. airline ticket, flight itinerary, etc.) WHICH SHOWS THE DATE OF DEPARTURE; IN ORDER TO OBTAIN A FULL 30 DAYS VISA EXTENSION, YOUR DEPARTURE DATE MUST BE AT LEAST 30 DAYS FROM THE EXPIRATION DATE OF YOUR CURRENT VISA.

EMPLOYMENT INFORMATION: (if any)

APPLYING FOR OR CURRENTLY WORKING AT: _____
Name of Company/Employer

Employment Application was submitted to Labor on: _____ _____
Date Change of Status Rcpt. #

FOR OFFICIAL USE ONLY

/ / APPROVED / / DISAPPROVED

IF DISAPPROVED PLEASE STATE REASON
_____
_____

_____ _____
Flavin Misech DATE
Chief, Division of Immigration