# 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. #

*I certify that the information provided in this application is true and correct to the best of my knowledge.*

_____ _____
Signature of Applicant Date

**FOR OFFICIAL USE ONLY**

/ / APPROVED / / DISAPPROVED

IF DISAPPROVED PLEASE STATE REASON
_____
_____

_____ _____
*Bradley O. Kumangai* DATE
Chief, Division of Immigration

*RVSD:* August 12, 2026