FORM 1

REPUBLIC OF THE MARSHALL ISLANDS DIVISION OF IMMIGRATION - MINISTRY OF JUSTICE P.O. BOX 890 MAJURO, MARSHALL ISLANDS 96960

PLEASE TYPE OR PRINT IN INK AND ANSWER ALL QUESTIONS.

| Date Submitted: 填 | 遞交申請日期 |
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| Initiale | (簡簽) |

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| APPLICATION: | New | Renewal | TYPE OF V | ISA YOU ARE APPL | YING FOR: | 旅遊填:V-1 Visitor |
| (1) Family Name 姓(| 跟護照) | (2) First or Given Na | mes 名(跟護照 |) (3) Name in the E | thnic Script (If 用管) | Applicable) |
| (4) Previous or Alternative (曾改名在此填意 | | (5) Particulars of Birt 出生地(城市 | | Country 出生國家 | 家 | |
| (6) Sex 性別 Male Female | (7) Date of Birth 月月/日日/年年年 | (8) Marital Status | THE | vorced (9) Occupat | ion 職業 | (10Present Citizenship 現時國籍(澳門、香港填 |
| (11) Full Residential Addre | | n 通訊地址及聯邦 | 絡地址(如一樣! | 只需填一次) | Telepho | ne # 電話號碼 (連國碼) |
| (12) Passport Details (#) | | e of Issue 護照發出 | Date of Issu Mo Day | 9/27/2011 「羅昭誕出日期 | Valid Until Mo Day Y | 9/26/2021 |
| (10) | | lic of the Marshall Is: | | IQM IX III II M | 渡假(填住 | |
| | | | | | 訪的企業職 | 紹方式及電話號碼) |
| Visit Polatives - Nam | or Business contac | ct and telephone numelationship | iber | 探親(埴親 | 人名字、地 | ! 址、關係) |
| Medical Treatment - | Name Address o | f Doctor/Hospital | | 就醫(填醫 | 院的地址) | |
| | | hall Islands. If so, wo | | | | YES[] NO[](不用 |
| (14) Length of Stay | 2 years 官方給由 | | The second secon | ed Dates of: | | Mo Day |
| Months 預計停留 | 四柱巨 | - | | val in the Marshall Is | | / |
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| | | NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 | | | | 亦同行,則填寫相關資 |
| | n / Daughter | Country of Birth | | Date of Birth | | Citizenship |
| Full Name Sor | 28 | - 30 | | | 2 | |
| Full Name Sor | | | | | | |
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