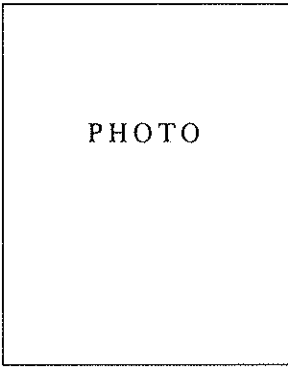


REPUBLIC OF KIRIBATI



VISA APPLICATION FORM TO ENTER KIRIBATI

(Made Under Sect 20 of Passport)
VISA REGULATION 2(2)

NAME IN FULL _____

SEX _____ MARITAL STATUS _____ MARRIED _____ SINGLE _____

NATIONALITY OR CITIZENSHIP _____

DATE OF BIRTH DAY _____ MONTH _____ YEAR _____

PLACE OF BIRTH CITY _____ PROVINCE _____ COUNTRY _____

PASSPORT NUMBER _____ DIPLOMATIC _____ OFFICIAL _____ ORDINARY _____

DATE PASSPORT ISSUED DAY _____ MONTH _____ YEAR _____

PASSPORT ISSUED AT CITY _____ COUNTRY _____

DATE PASSPORT EXPIRES DAY _____ MONTH _____ YEAR _____

HOME ADDRESS _____

HOME TEL NUMBER: _____

HOME AND ADDRESS OF FIRM OR ORGANIZATION: _____

BUSINESS TEL NUMBER: _____

PURPOSE OF JOURNEY TO KIRIBATI _____

LENGTH OF STAY IN KIRIBATI _____

ROUTE OF PRESENT JOURNEY _____

PROBABLE DATE OF ENTRY _____

ADDRESS OF HOTELS OR NAMES OF PERSONS IN KIRIBATI _____

I hereby declare that the statement above is true and correct.

DATE:

SIGNATURE OF APPLICANT

Honorary Consulate-General of Republic of Kiribati
MCV Bldg., 3F, 5-13-5, Shinbashi, Minato-Ku,
Tokyo, Japan. 105-0004
Phone:03-5425-1939 Fax :03-5425-1935