



Passport, Immigration & Citizenship Agency

APPLICATION FOR EXTENSION OF STAY

FILE No.

REF. No.

IMPORTANT: Please complete **SECTIONS A, C and D.** Each dependent (spouse and children under 16 years) is required to complete individual forms and **MUST** complete **SECTION B.** **NON REFUNDABLE processing fee of JMD30, 000.00 for Permanent Residence, all other applications JMD10, 000.00.**

SECTION A

NAME				
LAST		FIRST		MIDDLE
ADDRESS (abroad)				TELEPHONE
				HOME (abroad)
E-MAIL ADDRESS				HOME (in Jamaica)
ADDRESS (in Jamaica)				WORK (in Jamaica)
				PASSPORT
NATIONALITY	DATE OF BIRTH (DD/MM/YY)	MARITAL STATUS	SEX	TYPE/NUMBER
		Single Married Other	Female Male	EXPIRATION DATE (DD/MM/YY)

SECTION B

(Information in respect of principal applicant)

NAME		PASSPORT	
LAST NAME		NATIONALITY	TYPE/NUMBER
FIRST			EXPIRATION DATE (DD/MM/YY)

SECTION C

REASON(S) FOR EXTENSION OF STAY

<input type="checkbox"/> DIPLOMATIC PERMIT	<input type="checkbox"/> EXEMPTION OF WORK PERMIT	<input type="checkbox"/> VISITOR: (Please state departing date & airline below):
<input type="checkbox"/> PERMANENT RESIDENCE	<input type="checkbox"/> UNCONDITIONAL LANDING	AIRLINE
<input type="checkbox"/> STUDENT	<input type="checkbox"/> OTHER	DEPARTURE DATE (DD/MM/YY)
<input type="checkbox"/> WORK PERMIT (Please state employment details if applicable): →	OCCUPATION:	
	NAME OF EMPLOYER IN JAMAICA	
	ADDRESS OF EMPLOYER IN JAMAICA	

REFERENCE (Should be residing in Jamaica)

NAME	ADDRESS (HOME)
TELEPHONE No.	

SECTION D

I, the undersigned, declare that the information provided in this application is true and correct to the best of my knowledge and belief.

APPLICANTS SIGNATURE:

DATE:

DOCUMENT CHECKLIST

- Passport (valid for at least 6 months)
- Birth Certificate
- Naturalization Certificate
- Marriage Certificate
- Return Ticket/Itinerary

ISSUED BY THE MINISTRY OF LABOUR:

- Marriage Exemption letter
- Valid Work Permit Letter
- Work Permit Exemption Letter
- Incomplete status letter or work permit renewal receipt

- Letter of registration from an accredited educational Institution addressed to the Chief Executive Officer.
- Other

*ALL nationals of Non-Commonwealth countries, aged 16 and older whose stay exceed six (6) months, are required to be registered

PROCESSING OFFICER

ARRIVAL INFORMATION	ENTRY VISA (if applicable)	MULTIPLE ENTRY VISA
LANDED (DD/MM/YY)	VISA #	VISA #
UNTIL (DD/MM/YY)	PLACE OF ISSUE	ISSUE DATE (DD/MM/YY)
	EXPIRY (DD/MM/YY)	EXPIRY (DD/MM/YY)

COMMENTS

SIGNATURE:

DATE:

CASHIER		SUPERVISOR
PAYMENT FOR:	ENDORSEMENT	
◇ PERMANENT RESIDENCE		
◇ OTHER EXTENSION OF STAY		
AMOUNT:		
RECEIPT #:		
NOTES:		
		SIGNATURE
		DATE