



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

<input type="checkbox"/> Passport (valid for at least 6 months) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Return Ticket/Itinerary	ISSUED BY THE MINISTRY OF LABOUR: <input type="checkbox"/> Marriage Exemption letter <input type="checkbox"/> Valid Work Permit Letter <input type="checkbox"/> Work Permit Exemption Letter <input type="checkbox"/> Incomplete status letter or work permit renewal receipt	<input type="checkbox"/> Letter of registration from an accredited educational Institution addressed to the Chief Executive Officer. <input type="checkbox"/> Other
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***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: <input type="checkbox"/> PERMANENT RESIDENCE <input type="checkbox"/> OTHER EXTENSION OF STAY	ENDORSEMENT		
AMOUNT:			
RECEIPT #:			
NOTES:			
		SIGNATURE	DATE