



**MINISTRY OF FOREIGN AFFAIRS AND IMMIGRATION**  
GOVERNMENT OF THE COOK ISLANDS

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**APPLICATION FOR A PERMIT TO ENTER THE COOK ISLANDS**

NOTE: This form is to be completed by each person who has attained the age of 15 years or who, being under the age, in or has been lawfully married.

1. Full Name \_\_\_\_\_
2. Sex \_\_\_\_\_
3. Nationality and Citizenship \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Country of Birth \_\_\_\_\_
6. Marital Status \_\_\_\_\_
7. Occupation \_\_\_\_\_
8. Race \_\_\_\_\_  
(Polynesian, European, Asiatic, etc)
9. Supply details of children  

<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>
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10. Purpose in coming to the Cook Islands \_\_\_\_\_
11. Have you suffered from any infectious, contagious or mental disease during the past twelve months. If so supply details. \_\_\_\_\_
12. Have you ever been convicted of any criminal offense. If so supply details. \_\_\_\_\_
13. Have you previously visited the Cook Islands, if so, when. \_\_\_\_\_
14. Intended address in the Cook Islands. \_\_\_\_\_
15. What is your intended length of residence in the Cook Islands. \_\_\_\_\_
16. What amount of money will be available for your maintenance in the Cook Islands. \_\_\_\_\_
17. Do you hold a return or onward ticket. \_\_\_\_\_
18. Present address. \_\_\_\_\_
19. Why do you wish to reside in the Cook Islands. \_\_\_\_\_
20. Do you propose to work in the Cook Islands, if so give details. \_\_\_\_\_
21. Give any additional information in support of your application. \_\_\_\_\_
22. I enclose current passport size photograph of myself and those accompanying me.

I, the above mentioned \_\_\_\_\_ do state and declare that I have completed this form honestly, truthfully and in accordance with the best of my knowledge, information and belief and that if I be granted a permit to reside in the Cook Islands, I will, whilst in the Cook Islands, observe all the laws of the Cook Islands and, in particular, the provisions of the Entry, Residence and Departure Act 1971.

Date at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signed by the above applicant. \_\_\_\_\_

Witness to the signature of applicant. Signature : \_\_\_\_\_  
Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Occupation : \_\_\_\_\_