

## ASCENSION ISLAND VISITORS & RESIDENTS ENTRY PERMIT

Family name	Name at birth (if different)
Forenames	
Contact Address	Nationality/citizenship
	Date of birth
Phone Number	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Fax Number	Email:

### Arrivals

Date of arrival		(Please tick one)
Means of travel	Ship	<input type="checkbox"/>
	Plane	<input type="checkbox"/>

### Departures

Date of departure		(Please tick one)
Means of travel	Ship	<input type="checkbox"/>
	Plane	<input type="checkbox"/>

Country arrived from

Country departing to

#### Please tick as appropriate

Returning resident	<input type="checkbox"/>
Tourist	<input type="checkbox"/>
Business	<input type="checkbox"/>
In Transit	<input type="checkbox"/>
Other (please specify)	

#### Address whilst on Ascension


#### TO BE COMPLETED BY ALL NON-RESIDENTS:

#### PASSPORT DETAILS

Passport number
Place of issue

Date of issue
Date of expiry

#### TO BE COMPLETED BY PERSONS NOT EMPLOYED ON ASCENSION:

Do you have medical insurance including medevac?

Please tick one	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

All visitors are required to be covered by medical insurance whilst on Ascension Island. You are **strongly advised** to review your needs for medical insurance and to take out an appropriate policy before you travel

***If no, Medical Insurance must be purchased on arrival from Ascension Island Government***

I certify that all information given is true to the best of my knowledge and belief.

Signature & Date:

Date received:

Authorised:

**Michael Hill, Administrator**