



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.** ***ALL FEES ARE NON- REFUNDABLE***

SECTION A

NAME

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

SECTION B

(Information in respect of principal applicant)

LAST NAME		FIRST		NATIONALITY	
				PASSPORT	
				TYPE/NUMBER	
				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"/> UNCONDITIONAL LANDING	
				<input type="checkbox"/> VISITOR: (Please state departing date & airline below):	
				FLIGHT #	
<input type="checkbox"/> STUDENT		<input type="checkbox"/> PERMANENT RESIDENCE		<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 and known to applicant for at least six (6) months}

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.

APPLICANT'S SIGNATURE:

DATE:

