



FORM E

IMMIGRATION ORDINANCE, 2011

ARRIVAL DECLARATION / APPLICATION FOR SHORT TERM ENTRY PERMIT

SECTION A (ALL ARRIVALS)

1. Surname:	2. Forenames:
3. Date of birth (dd/mm/yyyy):	4. Nationality:
5. Passport number:	6. Passport date of expiry (dd/mm/yyyy)
7. Do you intend to live in St. Helena for more than 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Address in St. Helena:
9. Flight number or name of ship:	10. Usual occupation:

11. Main reason for coming to St. Helena

<input type="checkbox"/> Visiting friends or relatives	<input type="checkbox"/> Returning Resident
<input type="checkbox"/> Holiday	<input type="checkbox"/> Transit
<input type="checkbox"/> Business / Employment	<input type="checkbox"/> Research
	<input type="checkbox"/> Other:.....

ST. HELENIANs - Please Sign Below & go to Customs Declaration overleaf

VISITORS - Please go to Section B & Customs Declaration overleaf

12. Signature:	13. Date (dd/mm/yy)
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SECTION B - VISITORS

VISITORS / PERSONS NOT HOLDING ST. HELENIAN STATUS ONLY

14. Please tick one:

1. Visitor or temporary entrant seeking short-term entry permit - Departure date (dd/mm/yyyy):.....
2. Holder of Long-term entry permit (Please show your Long Term Entry Permit)
3. Exempt from the requirement to hold an entry permit as a St Helena Government employee to their dependent, the dependent of a St Helenian, or otherwise exempt from the need to hold an Entry Permit

15. (please tick as relevant):

- I have adequate means to provide for my own (and my dependents) accommodation, food & clothing for the duration of my stay on St Helena.
- I confirm I (and my dependents) have adequate medical insurance to cover emergency medical costs, including evacuation, for the duration of my visit.
Medical insurance must have a minimum cover limit of at least £175,000 for emergency medical treatment including Evacuation. Please state:

Insurance Company _____ Policy number _____

Contact details _____ or Credit Card Company Name _____

Contact details _____

- I have a return ticket to my country of origin (including dependants) or adequate means to repatriate to place of domicile me and any dependants.
- I do not have any outstanding fines or unspent criminal convictions in any country. Please specify all outstanding fines or unspent convictions if you have any here:

.....
You may be asked to provide evidence in support of the statements above.

16. Signature

17. Date (dd/mm/yyyy)

ALL ARRIVALS



CUSTOMS DECLARATION

DUTY FREE ALLOWANCES

Duty free allowances are only available to persons aged 18 years or over.

Spirits, Strong Liqueurs: 2 Litres at 22% or below **or** 1 litre exceeding 22%

PLUS

2 Litres of Wine **or** 12 bottles/cans (340ml size) Beer or Lager

AND

250ml Perfumed spirits **or** Eau de toilette

AND

200 Cigarettes **or** 250g Tobacco

**I do not have any goods to declare in excess of my Customs allowance and/or cash in excess of £6,000 or equivalent.
It is a criminal offence to make a false declaration.**

Signature

Date (dd/mm/yyyy)