

**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:.....	
<p><b>ST. HELENIAN</b>      -      <b>Please <u>Sign Below</u> &amp; go to <u>Customs Declaration overleaf</u></b></p> <p><b>VISITORS</b>      -      <b>Please go to <u>Section B</u> &amp; <u>Customs Declaration overleaf</u></b></p>	
12. Signature:	13. Date (dd/mm/yy)

## 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)