





Citizenship By Investment Programme

APPLICATION FOR SAINT LUCIAN CITIZENSHIP -PRINCIPAL

SL-2A

Authorised Agents are parties who have provided advice and guidance to you prior to the submission of your application, and who have permission to submit your application and subsequently conduct business on your behalf with the Citizenship by Investment Unit of Saint Lucia.

The Authorised Agent must maintain a place of business in Saint Lucia and must be licensed. Your Authorised Agent will be able to provide you with the information requested on this form (such as license number).

You may choose to work with ANY licensed Authorised Agent. Please note that ONLY the Citizenship by Investment Board can approve your application for Saint Lucian citizenship. No other person, agent, agency or organization can guarantee the approval of your application. ONLY an authorised agent can submit a form on your behalf.

INSTRUCTIONS

The application is submitted in a single step.

- Place your proof of payment as the first document in your submission. Please refer to the attached Bank Account Information for details on how to make the payment of fees.
- 2. Organise all your documents in the same order as listed in the Document Checklist SL1 and identify them with a tab bearing the corresponding number from the list. If, in exceptional cases, an applicant cannot submit a document that applies to his/ her situation, provide a substitute document and enclose an explanation. The substitute document and the explanation must be inserted in place of the document that they replace. If a substitute document cannot be presented, you MUST give a detailed explanation.
- 3 Check the box corresponding to each document that you are submitting and attach this Document Checklist SL1 to your application. N/A (not applicable) indicates that you do not need to submit this document.
- 4. Collect all requested documents in the required format (original or certified true copy).
- 5. Before sending the application, make sure to:
 - Keep a photocopy of all the documents that are submitted.
 - Ensure that all the forms and declarations submitted are dated and signed.
 - Place printed application in a sealed envelope, in the same order as listed on the Document Checklist.
 - Address the sealed envelope to:
 ATT: Chief Executive Officer Citizenship by Investment Unit

 5th Floor Francis Compton Building Waterfront Castries. Saint Lucia
 - Hand deliver the sealed envelope to the address above.

DOCUMENT REQUIREMENTS

Format of Documents

Documents submitted in their original language must be in the required format; original or certified true copy. A non-conforming format may result in the rejection of the application or its return to the sender. Certified true copies must be of excellent quality or else they will be deemed inadmissible.

Authenticated Translation

If you submit documents or parts of documents in a language other than English, you MUST provide:

- The document in its original language, in the required format (original or certified true copy); AND
- An authenticated translation to the English language. An

 'authenticated translation' means a translation effected by either
 a professional translator who is officially accredited to a court of
 law, a government agency, an international organization or similar
 official institution, or if effected in a country where there are no
 official accredited translators, a translation effected by a company
 whose role or business is effecting professional translations, the
 Unit will accept.
- If the document in written in English but includes a seal or signature in another language, a translation of the seal.
- A copy of the translator's credentials or professional certification must accompany the translated documents.

Verification and Investigation

Be advised that the Unit will:

- Verify the accuracy of information provided or have it verified by third parties. It is an offence under the law to knowingly give the Unit any information that you know or should have known to be false or misleading in relation to your application for citizenship by investment.
- Reject any application that contains false or misleading information or documents.
- Cause your citizenship to be revoked if it was issued on the strength of an application containing false or misleading information or documents OR omitted or concealed information under Section 38 (1) of the Act.

I am completing this form as a Principal Applicant __YES ___ No
If you are completing the Application as a Spouse or Dependent of a Principal Applicant, please complete Form SL-2B.

1. APPLICANT D	ETAILS			
1.1 Your full name	as shown on your birth ce	rtificate.		
Family Name or S	urname		t Name	
Middle Name			 ner Name(s)	
Place of Birth	Country of Birth	Date of Bir	th (DD/MM/YYYY	Gender
1.2 Permanent Ad	dress			
Street Address		City	Zip Code	
Country				
1.3 Passport Detai	ils			
Issuing Country			sport Number	
1.4 Contact Inforn	nation			
Mobile Telephone	Number	Hor	 me Telephone Numb	er
Email Address		 Lini	kedIn Profile	
1.5 Contact informati	on for a person other than the ap	plicant:		
Name			Relation to the applican	ıt
Email Address			Physical address	
Telephone				

2. USE OF AUTHORIZED AGENT

This Section should be completed by the Principal Applicant ONLY. If you are a spouse OR Dependent of a Principal Applicant, go to Section 4.

ONLY an Authorized Agent can apply on your behalf.

- I authorize the following individual or entity to serve as my authorized agent and to act on my behalf with the Citizenship by Investment Unit of Saint Lucia.
- I authorize the Citizenship by Investment Unit of Saint Lucia to release information from my case file
 and that of my spouse and dependent children to my authorized agent as may be necessary. The
 authorization is in accordance with the Data Protection Act, Cap 8.18.
- I am aware that any information which would be subject to exemption, if I had the right of access under the Data Protection Act, Cap 8.18 will likely not be released.

Name of Authorized Agent		Authorized Agent Licence Number		
 Authorized Agent Addres				
Business Telephone Numb	 per	Mobile Telephone Number		
Email Address				
Promoter who Referred A *Please write N/A if you d From a Promoter.	pplicant id not get a referral	Promoter Licence Number		
 Marketing Agent who Ref *Please write N/A if you d From a Marketing Agent	erred Applicant id not get a referral			
 Place `	 Date	 Signature of Authorized Agent		

3. INVESTMENT CONFIRMATION

A qualifying investment under the Citizenship by Investment Programme must satisfy at least the minimum investment in the chosen option. Tick the investment option you have chosen.

INVESTMENT OPTION	MINIMUM QUALIFYING INVESTMENT (USD)
The Saint Lucia National Economic Fund	\$100,000
An Approved Real Estate Project	\$200,000
An Approved Enterprise Project	Option 1: \$3,500,000 Option 2: \$6,000,000
	Option 3: \$100,000
Government Bond	\$300,000

4. PERSONAL DETAILS

4.1 Have you changed ye	our name sir	nce birth?	YesN	0	
If yes, please state the met	hod used to c	hange your	name		
Marriage Deed P	Poll Ado	ption C	Other		
Insert your new legal name Poll; Adoption Papers etc.	below. You i	must submii	t one supporting	documents for proof of name cha	nge e.g Deed
Family Name (Last Name	e)		First Name		
Middle Name			Other Name	(s)	
4.2 Please write your na	me as it is w	ritten in E	thnic Script in t	he space below.	
Please note that should	citizenship b	e granted,	, a name change	will not be permitted within f	ive (5) years.
4.3 Do you hold, or have	you ever he	eld any oth	ner citizenship?	YesNo	
If yes, please specify the co citizenship including the pla submitting a Certificate of	ace at which s	ntries and ho such change	ow you acquired es were recorded.	citizenship. List any dates of chai Provide proof of any other citize	nges in enship by
Country or Territory of Citizenship	Date of Citizens		Explanation ip		
	I				J
4.4 Do you hold, or have	you ever he	eld permai	nent residency	n any country?YesN	• • • • • • • • • • • • • • • • • • •
If yes, please specify the count permanent residency including Resident Card or Certificate.	try or countries In the place at w	and how you hich such cha	u acquired permane anges were recorde	nt residency. List any dates of any ch d. Proof of permanent residency is a	anges of Permanent
Country or Territory of Citizenship	Date of Perman Resider	ent	Explanation		
					_
4.5 Have you ever serve	d in the arm	ed forces?	Yes	_ No	
If yes, please provide details in the armed forces is a Certified	ncluding branch Copy of your n	n, date of entr nilitary record	ry, and separation a d.	nd ranking at the time of separation.	Proof of service in
Branch Da	te of Entry	Date of	Separation	Rank at Separation]

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	INITION ATTION			_
5. IDENTIFICATION	INFORMATION			
	-sized, coloured photogr ist for details on the pass		ken within the last six mont	hs. Refer to
5.1 What is your natur	ral eye color?Blue	Grey Bro	wn GreenBlack	_ Other
5.2 What is your heig	ht? cm orfti	n.		
If yes, describe below.	distinguishing marks?			
5.4 What are your so	cial security details?			
Social Security Numb	er	Issuing Countr	у	
applicable)	ation Card Details (Attac		of your National Identificatio	on Card, if
5.6 Passport Details (Attach certified copies of ALL Complete for passport issued by	Complete for each	h additional passport you litional pages if required.	
	your country of birth Passport 1	Passport 2	Passport 3	
Issuing Country				
Passport Number				
Place of Issue				
Date of Issue				_
Date of Expiration				
5.7. Current Address (utility bill, lease agreement	(You MUST provide proof of yo	our current residential a	ddress. Proof of residence include	s an original
Street Address		City	Zip Code	
Country				

5.8 List all the addresses where you have lived for the last ten years. Please ensure that there are no gaps in your residential history.

	From (DD/MM/YYYY)	Apt/Unit	Street No.	Street Name	9	City/Town
1	PRESENT	Country/T	 Territory	Prov/State	Postal Code	District
	From (DD/MM/YYYY)	Apt/Unit	Street No.	Street Name	<u> </u>	City/Town
2	To (DD/MM/YYYY	Country/1	 Territory	Prov/State	Postal Code	District
	From (DD/MM/YYYY)	Apt/Unit	Street No.	Street Name)	City/Town
3	To (DD/MM/YYYY	Country/T	 Territory	Prov/State	Postal Code	District
	From (DD/MM/YYYY)	Apt/Unit	Street No.	Street Name	<u> </u>	City/Town
4	To (DD/MM/YYYY	Country/1	 Territory	Prov/State	Postal Code	District

5.9 In the past ten (10) yea 365 days or more?		ny country other than your birth country for a period o
	you have been present	elow. You must provide a police certificate for each for at least a year for the last ten (10) years. If you
The police certificate must	either have been issue	ed:
	ou were in that countr onths before the date yo	y or territory; or ou submit your citizenship by investment application.
Use additional paper if requ	uired.	
Country or Territory	I will provide a Police Certificate	Explanation

6. FAMILY INFORMATION

6.1 Your marital status?	
Never Married Ma	ried Divorced SeparatedWidowed Engaged
If married, please attach a	certified copy of your Marriage Certificate.
Date of Marriage	Place of Marriage (City/Town/ Country or Territory

If divorced, please at	tach a certified copy of yo	our Divorce Dec	ree.		
Date of Divorce	Place of Div	Place of Divorce (City/Town/ Country or Territory			
6.2 Spouse Personal	Details, if applicable.				
Is your spouse includ	ed in this application?	Yes No			
If no, complete the in	formation below:				
Spouse's Full Name (after marriage)	Spouse's Ful	l Name (before marriage)		
Last Name (Surname)	First Name			
Middle Name		Other Name (s)			
Place of Birth	Country of Birth	Date of Birth (DD/MM/YYYY Gender			
Spouse's Occupation		Spouse's Email Address			
Spouse's Nationality		Spouse's Passport Number			
6.3 Spouse's Residen	itial Address, if different fi	rom your reside	ntial address.		
Street Address		City	Zip Code		
Country			esiding at address (DD/MM/YYYY		
6.4 Father's Personal	l Details.				
Is your father include	ed in this application?	Yes No			
If no, complete the in	formation below:				
Father's Last Name (Surname)	Father's F	irst Name (Given Name)		
Father's Middle Name	e(s)	Father's C	ther Name(s) (Known As)		
Place of Birth	Country of Birth	 Date of Birth (DD/MM/YYYY			

Father's Occupation	Father's Email Address		
Father's Nationality	Father's Passport Number		
6.5 Father's Residential Address, if different fro	om your reside	ential address.	
Street Address	City		
Country		residing at address (DD/MM/YYYY	
6.6 Mother's Personal Details.			
Is your mother included in this application?	_YesNo		
If no, complete the information below:			
Mother's Last Name (Surname)		rst Name (Given Name)	
Mother's Middle Name(s) Mother's		ther Name(s) (Known As)	
Place of Birth Country of Birth	 Date	e of Birth (DD/MM/YYYY	
 Mother's Occupation		nail Address	
 Mother's Nationality		 ssport Number	
6.7 Mother's Residential Address, if different fr	om your resid	ential address.	
Street Address	City	Zip Code	
Country		residing at address (DD/MM/YYYY	
6.8 Children's Personal Details. (Complete for a pages as required)	ıll biological, a	dopted and stepchildren. Attach additional	
Are all your children included in this application	n?Yes	_No	
If no, complete the information below:			
 Child's Last Name (Surname)	Child's Firs	t Name (Given Name)	
	APPLICATIO	N FOR SAINT LUCIAN CITIZENSHIP - PRINCIPAL SL-2A	

Child's Middle Name(s)	Child's Other Name(s) (Known As)				
 Place of Birth	Country of Birth	Date of Birth (DD/MM/YYYY				
Child's Occupation		Child's Ema	Child's Email Address			
Child's Nationality			port Number			
6.9 Child's Residential	Address, if different from	m your residen	tial address.			
Street Address		City Zip Code				
Country			residing at address (DD/MM/YYYY			
Sibling's Last Name (S	urname)	Sibling's First Name (Given Name)				
Sibling's Middle Name	(s)	Siblings' Other Name(s) (Known As)				
 Place of Birth		Date of Birth (DD/MM/YYYY				
Sibling's Occupation		Sibling's Email Address				
Sibling's Nationality		Sibling's Passport Number				
6.11 Sibling's Residenti	al Address, if different fr	om your resid	ential address.			
Street Address		City	Zip Code			
 Country		Date since residing at address (DD/MM/YYYY				

6.12 Previous Spouse Personal I	Details, if applica	able. (Attach addition	nal pages if	necessary)
Previous Spouse's Full Name (a		Previous Spouse's	 Full Name	(before marriage)
Place of Birth Country of	f Birth	Date of Birth (DD/	MM/YYYY	Gender
Date of Divorce Order/Decree		Duration of	Marriage (number of months/years)
7. INCOME AND SOURCE OF	WEALTH			
a. What is your occupation	·			
b. Are you self-employed?	YesNo			
If yes, please complete the following se	ction 71 helow			
If no, with the details of your primary by		' and please complete seci	tion 7.2	
7.1 Details of your primary busin				
Name of Business		Nature of Business		
Registered Address of Business				
Business Website Address	Business Tel	ephone Number	Business	s LinkedIn URL
7.2 Details of Employer's Busine Contract as proof of employmen	ess, if applicable nt)	. (Attach a Curriculur	n Vitae <u>and</u>	<u>d</u> Employment Letter or
Name of Employer		Nature of Employer's Business		
Registered Address of Employe	r's Business			
Employer's Website Address	 Employer's	s Telephone Number	- E	 Employer's LinkedIn
7.3 What is your main source(s)	of income?			

.5 What are the most frequent co	ompanies or persons with whom yo	ou do business?
6 List all the companies of whic	h you are currently a director or sh	areholder.
7.7 What is your estimated gross	annual income in USD?	
7.8 Please provide the personal b Citizenship by Investment Board.	ank account details from which yo	u will be sending funds to the
 lame of Account Holder		Account Number
 Bank Name and Address		
7.9. Please provide the banking d Citizenship by Investment Board.	etails of any other account you ma	y use for sending funds to the
Name of Account Holder	IBAN/BIC Code	Account Number
 Bank Name and Address		

8. EDUCATION & PROFESSIONAL CERTIFICATION

Please list all the schools or training institutions attended from the age of 18 and all qualifications obtained up to the highest level of education you successfully completed. (Proof of qualifications is Professional and Academic Certificates).

Start MM/YY	End MM/YY	Name of Institution	Address of Institution	Qualification Achieved

9. DECLARATIONS

		Yes	No
9.1	Excepting a minor offence, have you ever been:		
	[] arrested		
	[] detained		
	[] charged		
	[] indicted		
	[] convicted		
	[] found guilty		
	[] had a criminal record expunged ?		
9.2	Have you ever been denied any category of visa to a country with which Saint Lucia has visa free access and have not been successful in subsequently obtaining such a visa?		
9.3	Have you ever had a visa cancelled or have been unlawfully present in or deported from ANY country or sought to assist others to do the same?		
9.4	Have you ever been declared bankrupt by a court? If yes, note date, city, state, and country in which the court declared you bankrupt.		
9.5	Have you ever been involved personally, or as a director, in any bankruptcy, insolvency or liquidation proceedings?		
9.6	Have you ever testified before a grand jury or investigative hearing or probe?		
9.7	Have any charges, or accusations of illegal activity of any nature been made against you in any country?		
9.8	Have you ever been the subject of a criminal investigation?		
9.9	Have you ever been considered a potential national security risk in any country?		
9.10	Have you ever been sentenced to serve a period in detention or been on probation?		
9.11	Have you ever received a pardon for a criminal offence? If yes, note that date, city, county, state, and country in which you received the pardon.		
9.12	Have you ever had a civil or criminal record expunged or sealed by a court order?		

9.13	Have you ever been subpoenaed to appear to testify before a federal, state or county grand jury, board, or commission?	
9.14	Has a criminal indictment, information or complaint even been returned against you, but for which you were not arrested or in which you were named as an in-indicted co-party?	
9.15	Have you, as an individual, or as an owner, partner, director or officer of any partnership, corporation, or entity, ever been a party of a lawsuit as either a plaintiff or defendant? (Other than divorce)?	
9.16	Have you ever been involved, directly or indirectly, in the financing of terrorism or in any terrorist or criminal organization?	
9.17	Have you ever been unlawfully present in or been deported from any country, or sought to assist others to do the same?	
9.18	Have you ever applied for citizenship or residency in any country for which the citizenship or residency has NOT been granted?	
9.19	Have you ever been the subject of any order, judgement or decree of any federal or state authority barring, suspending, or otherwise limiting your right to engage in any professional or business practice or activity?	
9.20	Are you a politically exposed person (PEP)? (A PEP may be past or current government office holders, or individuals who are or were formerly entrusted with high-level public functions. For example, senior officers, heads of state of government, senior judicial or military officers, officials of political parties and senior executives of state-owned enterprises (SOE). PEP definition includes family members and close associates of a primary PEP).	
9.21	Have you ever been declared by a court or a qualified health practitioner to be mentally incapacitated?	
9.22	Are there any other business activities in which you are engaged that have not already been disclosed on this form?	
9.23	To the best of your knowledge, have you ever been under investigation by any law enforcement agency or tax authority in any country?	
9.24	I confirm that my wealth has been obtained from completely legitimate sources, and is not, whether directly or indirectly, from the proceeds of criminal activity of any kind.	
9.25	I can confirm that I am fully compliant with my national, regional, and global tax obligations.	

If you have answered "yes" to any of the questions other than 9.24 or 9.25 please provide further details. Clearly indicate that number for which the details are being provided in each case. Attach additional sheets as required.

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10. DATE AND SIGNATURE	J
I certify that I have read and understood all questions in this form and that the information provided, whether supplication of the party of the party completing the form on my behalf, is true and curing every detail. I herewith authorize, without reservation, the Citizenship by Investment Unit of Saint Lucia ("the Unit") to verify personal information about me and/or my dependents, where an application has been made in respect of dependents. Accordingly, I also authorize the Unit, either directly or through any agents that the Unit may choosengage, to obtain further information, credit reports, criminal records, or any kind of records which may be obtain form online sources, government agencies or private sources. I authorize any agents contacted to furnish the requesion online sources, or records about me and/or my dependents and I release all parties involved from responsibility and liability in doing so. Accordingly, I also authorize the release by the Unit of any personal information such reports or records and me and/or my dependents, which may assist the Unit in deciding whether I amy dependents qualify for citizenship inclusive of whether the source of my funds are legitimate to determine when my qualifying investment can be accepted by financial institutions in Saint Lucia. I understand that becoming a citizen of Saint Lucia may affect my current citizenship status. If there is any change in my circumstances which may affect that information that I have given in this application firm that I will advise, in writing to the Citizenship by Investment Unit, for the interim period between the dat this application and the date of granting citizenship. I citizenship of Saint Lucia is granted to me, I do solemnly pledge that: I will always faithfully observe the laws of Saint Lucia. I will conduct myself in such a manner which at no time will bring disrepute to Saint Lucia. I will ond act against the interest of Saint Lucia. I will be faithful and bear true allegiance to His Majesty King Charles, His Hei	any f my se to sined ested any ation on or d/or ether on, I te of
I herewith apply to be granted citizenship of Saint Lucia.	

Place Date Signature of Applicant

11. DECLARATION

I hereby declare that all the information I have provided is true and correct and if I have provided false information or omitted information, I understand that my citizenship application may be denied. If it is later found out that I have provided false or incorrect information, I understand that my Saint Lucian citizenship will be revoked pursuant to Section 38(1) of the Citizenship by Investment Act, Cap. 1.20 and I may be criminally prosecuted.

Place	Date	Signature of Applicant