





# Citizenship By Investment Programme

APPLICATION FOR SAINT LUCIAN CITIZENSHIP -DEPENDENT

SL-2B

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:

Spouse of a Pri 1. APPLICANT D	ncipal ApplicantDepo ETAILS	endent of a Principa	Applicant	
1.1 Your full name	as shown on your birth ce	ertificate.		
Family Name or S	urname	First N	ame	
Middle Name		Other Name(s	s)	
	Country of Birth		(DD/MM/YYYY) Gender	
1.2 Permanent Ad	ldress			
Street Address		City	Zip Code	-
Country				
1.3 Passport Deta	ils			
 Issuing Country			ort Number	
1.4 Contact Inform	mation			
Mobile Telephone	Number	Home	Telephone Number	
Email Address		Linked	 IIn Profile	
2. PERSONAL D	ETAILS			
2.1 Have you char	nged your name since birt	<b>h?</b> YesNo		
If yes. state the met	thod used to change your nar	me		
Marriage	Deed Poll Adoption _	_Other		
Insert your new lega Poll; Adoption Pape	al name below. You must suk ers etc.	bmit one supporting do	ocuments for proof of name cha	ange e.g Deed
Family Name (Las	st Name)	 First Name		

2.2 Please write your n  2.3 Do you hold, or have f yes, please specify the second process.	ame as it is wi	ritten in E	thnic Script in th	e space below.	
yes, please specify the					
yes, please specify the					l l
yes, please specify the					
yes, please specify the	ve you ever he	ld any oth	ner citizenship?	Yes No	
itizenship including the pubmitting a Certificate o	place at which s	tries and ho uch change	ow you acquired c es were recorded.	itizenship. List any dates of c Provide proof of any other ci	hanges in tizenship by
Country or Territory of Citizenship	f Date of Citizens		Explanation		
ermanent residency includions includions in the control of the con		ent	Explanation	l. Proof of permanent residency is	s a Permanent
2.5 Have you ever serv	ed in the arme	ed forces?	Yes N	0	
f yes, please provide details he armed forces is a Certifie	including branch, d Copy of your m	date of entr ilitary record	ry and separation and d.	d ranking at the time of separation	n. Proof of serv
Branch C	ate of Entry	Date of	Separation	Rank at Separation	

# 3. IDENTIFICATION INFORMATION

Pro the	vide two passport Document Checkl	-sized, colou ist for details	red photogr s on the pass	raphs of yours sport requirer	self taken wi nents.	thin the la	st six mon	ths. Refer to
3.1	What is your natur	al eye color	? Blue .	Grey	Brown	Green _	Black	Other
3.2	What is your heigh	ht?cm o	rftir	ո.				
3.3	<b>Do you have any o</b> If yes, describe below.	distinguishin	g marks?	Yes N	0			
 3.4	What are your soo	cial security	details?					
So	cial Security Numbo			Issuing C				
	National Identifica olicable)	ation Card D	etails (Attac	h a certified o	copy of your	National	Identificati	ion Card, if
Ide	ntification Card Nu	ımber	Issu	uing Country		Ex	piry Date	
 3.6	Passport Details (A	Attach certified	copies of ALL	your valid passp	orts).			
		Complete passport i	for ssued by stry of birth	Complete for each addition hold. Attach additional pa		tional pas pages if r	sport you equired.	
le	suing Country	Passport 1		Passport 2	ı	Passport 3	3	
	assport Number							
	ace of Issue							
	ate of Issue							
	ate of Expiration							
<b>3.7</b> bill,	Current Address ( lease agreement, bank	You MUST prov statement with	ide proof of yo address)	ur current reside	ntial address. F	Proof of resid	dence include	s an original utilit
Str	eet Address			City		Zip Code		-
Co	untry							
3.8 in y	List all the addres your residential his	ses where yo	ou have live	d for the last	ten years. Pl	lease ensu	ıre that the	ere are no gap
	From (DD/MM/YYYY)	Apt/Unit	Street No.	Street Nam	е	City/	Town	
1	PRESENT	Country/T	erritory	Prov/State	Postal Cod	de Distr	ict	

							6/12
	From (DD/MM/YYYY)	Apt/Unit	Street No.	Street Name	9	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	<u> </u>	City/Town	
3	To (DD/MM/YYYY	Country/1	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	
If ye cou can The	es, list every countr intry or territory wh not get a police ce police certificate r • After the last ti	ry or territonere you have rtificate, tel must either me you were months be required.	ve been prese I us why belo have been iss e in that cour	ent for at leas w. sued: ntry or territo you submit y	st a year for the ory; or your citizenship	a police certificate fo e last ten (10) years. I	lf you
4. I	NFORMATION A	BOUT YOU	R FAMILY				
4.1	What is marital sta	tus?					
	Never Married					<b>₽</b>	
If y	ou are married, pro	vide the de	tails of your r	<b>narriage.</b> (Att	ach a certified cop	y of your Marriage Certific	ate)
Dat	e of Marriage	Place	of Marriage	(City/Town/	Country or Ter	ritory	

If you are divorced, please provide the details of your divorce. (Attach a certified copy of your Divorce Decree)

Date of Divorce

Place of Divorce (City/Town/ Country or Territory

4.2 Spouse Personal Details, if applicable. (If e	ngaged, enter details of future spouse)				
Spouse's Full Name (after marriage)	Spouse's Full Name (before marriage)				
Family Name (Last Name)	 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				
4.3 Spouse's Residential Address, if different f	rom your residential address.				
Street Address	City Zip Code				
Country	Date since residing at address (DD/MM/YYYY				
4.4 Father's Personal Details.					
Father's Last Name (Surname)	Father's First Name (Given Name)				
Father's Middle Name(s)	Father's Other 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				
4.5 Father's Residential Address, if different fr	om your residential address.				
Street Address					

Country		Date since residing at address (DD/MM/YYYY)			
4.6 Mother's Personal Details.					
Mother's Last Name (Surname)		rst Name (Given Name)			
Mother's Middle Name(s)	Mother's O	ther Name(s) (Known As)			
Place of Birth Country of Birth	h Date	of Birth (DD/MM/YYYY)			
 Mother's Occupation	Mother's En	nail Address			
 Mother's Nationality	Mother's Pa	ssport Number			
4.7 Mother's Residential Address, if differer	nt from your reside	ential address.			
Street Address	City	Zip Code			
 Country		residing at address (DD/MM/YYYY			
<b>4.8 Children's Personal Details.</b> (Complete f pages as required)	or all biological, a	dopted and stepchildren. Attach additional			
Child's Last Name (Surname)	Child's First	t Name (Given Name)			
Child's Middle Name(s)		ner Name(s) (Known As)			
Place of Birth Country of Birth		of Birth (DD/MM/YYYY)			
Child's Occupation	Child's Ema	il Address			
Child's Nationality		Child's Passport Number			
4.9 Child's Residential Address, if different	from your residen	tial address.			
 Street Address	City	Zip Code			

Country		Date since residing at address (DD/MM/YYYY				
4.10 Sibling's Per additional pages	sonal Details. (Complete for a as required)	all siblings including half, step, and adopted. Attach				
Sibling's Last Nar	ne (Surname)	Sibling's First Name (Given Name)				
Sibling's Middle N	 lame(s)	Siblings' Other Name(s) (Known As)				
Place of Birth	 Country of Birth	Date of Birth (DD/MM/YYYY				
Sibling's Occupat	ion	Sibling's Email Address				
Sibling's National	ity	Sibling's Passport Number				
	idential Address, if different fr					
Country		Date since residing at address (DD/MM/YYYY)				
4.12 Previous Spo	ouse Personal Details, if applic	cable. (Attach additional pages if necessary)				
Previous Spouse'	s Full Name (after marriage)	Previous Spouse's Full Name (before marriage)				
Place of Birth	Country of Birth	Date of Birth (DD/MM/YYYY Gender				
Date of Divorce C	Drder/Decree	Duration of Marriage (number of months/years)				

## 5. 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/or Academic Certificates.

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

## 6. DECLARATIONS

guilty or been expunged of any offe (except for a minor traffic citation).  6.2 Have you ever been denied any casaint Lucia has visa free accessubsequently obtaining such a visal if yes, note date, city, state, and cobankrupt.  6.3 Have you ever had a visa cancelled.  6.4 Have you ever been declared bankrupt.  6.5 Have you ever been involved persoinsolvency or liquidation proceedin.  6.6 Have you ever testified before a probe?	ategory of visa to a country with which s and have not been successful in country in which the court declared you		
Saint Lucia has visa free accessubsequently obtaining such a visa If yes, note date, city, state, and chankrupt.  6.3 Have you ever had a visa cancelled Have you ever been declared bankruft yes, note date, city, state, and chankrupt.  6.5 Have you ever been involved perso insolvency or liquidation proceedin probe?	s and have not been successful in ountry in which the court declared you upt by a court?		
6.4 Have you ever been declared banks If yes, note date, city, state, and chankrupt.  6.5 Have you ever been involved perso insolvency or liquidation proceeding for the company of the co	upt by a court?		
If yes, note date, city, state, and c bankrupt.  6.5 Have you ever been involved perso insolvency or liquidation proceedin  6.6 Have you ever testified before a probe?		-	
insolvency or liquidation proceedin  6.6 Have you ever testified before a probe?			
probe?	nally, or as a director, in any bankruptcy, gs?		
	grand jury or investigative hearing or		
6.7 Have any charges, or accusations of against you in any country?	illegal activity of any nature been made		
6.8 Have you ever been the subject of a	a criminal investigation?		
6.9 Have you ever been considered a country?	potential national security risk in any		
6.10 Have you ever been sentenced to probation?	serve a period in detention or been on		
6.11 Have you ever received a pardon for If yes, note that date, city, county, sthe pardon?	r a criminal offence? state, and country in which you received		
6.12 Have you ever had a civil or crimin order?	al record expunged or sealed by a court		
6.13 Have you ever been subpoenaed to or county grand jury, board, or com	appear to testify before a federal, state mission?		
6.14 Has a criminal indictment, information against you, but for which you with named as an in-indicted co-party?	ition or complaint even been returned		

6.15	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)	
6.16	Have you ever been involved, directly or indirectly, in the financing of terrorism or in any terrorist or criminal organization?	
6.17	Have you ever been unlawfully present in or been deported from any country, or sought to assist others to do the same?	
6.18	Have you ever applied for citizenship in any country for which the citizenship has NOT been granted?	
6.19	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?	
6.20	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).	
6.21	Have you ever been declared by a court or a qualified health practitioner to be mentally incapacitated?	
6.22	Are there any other business activities in which you are engaged that have not already been disclosed on this form?	
6.23	To the best of your knowledge, have you ever been under investigation by any law enforcement agency or tax authority in any country?	
6.24	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 kind?	
6.25	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 6.24 or 6.25 please provide with further details. Clearly indicate that number for which the details are being provided in each case. Attach additional sheets as required.

## 7. DATE AND SIGNATURE

I certify that I have read and understood all questions in this form and that the information provided, whether supplied directly by myself or through an Authorized Agent or third party completing the form on my behalf, in true and up-to-date in every detail.

I herewith authorize, without reservation, the Citizenship by Investment Unit ("the Unit") to verify any personal information about me and/or my dependents, where an application has been lodged in respect of my dependents. Accordingly, I also authorize the Unit, either directly or through any agents that the Unit may choose to engage, to decide to obtain further information, credit reports, criminal records, or any kind of records may be obtained from online sources, government agencies or private sources. I authorize any agents contacted to furnish the requested information, reports, or records about me and/or my dependents and I release all parties involved from any responsibility and liability in doing so. Accordingly, I also authorize the release by the Unit of any personal information about me and/or my dependents given on this form or otherwise obtained by the Unit to verify such information or obtain such reports or records and me and/or my dependents, which may assist the Unit in deciding whether I and/or my dependents qualify for citizenship.

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, I confirm that I will advise, in writing to the Citizenship by Investment Unit, for the interim period between the date of this application and the date of granting citizenship.

If 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 not act against the interest of Saint Lucia.
- I will be faithful and bear true allegiance to His Majesty King Charles, His Heirs and Successors, according to the law.

Therewith apply to be granted citizens	mp or samt Eucla.	
Place	Date	Signature of Applicant
omitted information, I understand tha	t my citizenship applica , I understand that my Sa	e and correct and if I have provided false information of ation may be denied. If it is later found out that I have int Lucian citizenship will be revoked pursuant to Section be criminally prosecuted.
Place	Date	Signature of Applicant