Office Use Only	Reference No:	Date received	DD MM YYYY	Received by:	
Turks and Caicos Islands	Effective Ap. □ Work □ Resid □ Home	ril 1, 2016 (Regu Permit lence Permit e Owner	FOR ENDO	5(3), 37(2) an	
Name of Person wh status in the TCI	o has legal				
Names of persons rendors			Relationshi	p to You	
Payment Voucher N	lo.				
INSTRUCTIONS:					
Please write in BLOCK	letters and tick ($$) where relevan	nt.		
Complete the form in its	s entirety.				
Ensure that the require	d documents are a	ttached.			

ENDORSEMENT OF SPOUSE / CHILDREN TO THE EMPLOYED AND SELF-EMPLOYED APPLICATION ☐ (1)- 2 Photos ☐ (2) -Marriage certificate ☐ (3) - Copy of spouse / children valid passport (Bio page) ☐ (4)- Medical (certificate of good health) ☐ (5) - Police record (valid for six months) ☐ (6)- In the case of a child police record is need for ten (10) years and older ☐ (7)- A school letter is need for children (private school) ☐ (8)- Birth certificate of spouse and child/children ☐ (9)- The applicant/employer has to demonstrate that the employee's income is sufficient to support him/herself and family in the islands and provide for the registration of the children in a private school. \Box (10) - Applications are submitted in the same manner as work permits. (11) -The fee structure is a \$150.00 non-refundable administrative fee, as well as a nonrefundable fee of \$500 with respect to each endorsee. Both are to be paid upon application. **ENDORSEMENT OF SPOUSE TO A PERMIT (ANNUAL RESIDENCE PERMIT)** ☐ (1) - Covering letter ☐ (2) - Medical certificate; ☐ (3) - Two passport sized photos (one certified on back of photo); ☐ (4) - Certified copy of marriage certificate. (translated if need be); ☐ (5) - Copies of passport pages showing photo page and entry or departure stamps; **FEES**

ENDORSEMENT OF CHILDREN

□ (1) - Permit Fee of \$500.00□ (2) - Administrative fee \$150.00

The fee structure is a **\$150.00** non-refundable administrative fee, as well as a non-refundable fee of **\$500** with respect to each endorsee. Both are to be paid upon application.

SECTION A

INFORMATION ABOUT THE PERSON WHO HAS LEGAL STATUS IN THE TURKS AND CAICOS ISLANDS

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	Со	untry	y of Iss	sue																			

	PASSPORT 1	Passport 2	Passport 3
Country of Issue			
Passport Number			
Family Name			
First/Given name			
Date of Issue	DD MM YYYY	DD MM YYYY	DD MM YYYY
Expiration Date	DD MM YYYY	DD MM YYYY	DD MM YYYY
Place of Issue			

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DETAILS FOR DEPENDENT CHILDREN (Biological)

r/last name			Photo
/first names			_
ther names you are know	n by or have ever been ki	nown by	
Date of Birth:	D M Y Y Y	C4 Sex/Gende	er: 🗆 Male 🗆 Fe
ountry of Birth (including	province/state):		
		(2)	
Country of Citizenship (if r	nore than 1. list all):(1)	(2)	
resent country of resider	attending	ve all information as printe	
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Present country of resider Plame of school currently and passports her Country of Issue Passport Number Family Name First/Given name Date of Issue Expiration Date Place of Issue	PASSPORT 1 DD MM YYYY DD MM YYYY	ve all information as printe Passport 2 DD MM YYYY	d in each passport Passport 3 DD MM YYYY DD MM YYYY
Details of all passports he Country of Issue Passport Number Family Name First/Given name Date of Issue Expiration Date Place of Issue	DD MM YYYY DD MM YYYY DD MM YYYY	Passport 2 DD MM YYYY DD MM YYYY S what is his/her current in	d in each passport Passport 3 DD MM YYYY DD MM YYYY

DEPENDENT CHILD 2

y/last name			Photo
n /first names			
Other names you are know	n hy or have ever heen kn	own by	<u> </u>
Date of Birth: D D	M Y Y Y Y	C16 Sex/Gender: [] Male □ Female
Country of Birth (including	province/state):		
Country of Citizenship (if m	ore than 1, list all):(1)	(2)	
Present country of residence	- 0		
Name of school currently a	tending		
Details of all passports held	d. You are required to give	all information as printed i	n each passport
	PASSPORT 1	Passport 2	Passport 3
Country of Issue			
Passport Number			
Family Name			
First/Given name			
Date of Issue	DD MM YYYY	DD MM YYYY	DD MM YYYY
Expiration Date	DD MM YYYY	DD MM YYYY	DD MM YYYY
Place of Issue			
If this child is residing in th	e Turks and Caicos Islands	what is his/her current imr	nigration status?
-			
Endorsed on Work Darr	int Nesidence Fermit	□ Never Endorsed	
Endorsed on ☐ Work Perr			
Endorsed on ☐ Work Perr ☐ Visitor ☐ Never Vis	ited		
		Last date of departure Islands	from the Turks and Caic

SECTION D	CHARACTER DETAILS
D1 For ANY offence, application, eve	, including any driving offence, has the person to be employed, or anyone included in this r been:
•	arrested ?
D2 For ANY offence,	, in any country, is anyone included in this application currently:
•	under investigation?
D3 Does anyone inc	cluded in this application, currently have an outstanding arrest warrant in any country?
□ Y€	es 🗆 No
D4 With respect t	to any country, including the Turks and Caicos Islands, has anyone included in this ver been
	repatriated?
	refused entry?
•	removed of deported ? ☐ Yes ☐ No

If your response to any of the above is Yes, provide details below. Insert a new sheet for each person where required.

Name of Person:	
D5 Was the person refused entry, removed or departed?	D6 If yes, briefly state the date, the country removed from and the reason for denial or removal.
□ Yes □ No	
D7 Was the person arrested?	D8 If yes, briefly state the reason/circumstance of the arrest.
□ Yes □ No	
D9 Was the person charged?	D10 If yes, please state the nature of the offence charged.
□Yes □No	
D11 Was the person convicted?	D12 What was the date/s of conviction? DD MM YYYY
□ Yes □ No	

DETAILS ABOUT THE CONVICTION	
D13 What was the nature of the offence?	
D14 What was the date of sentence?	DD MM YYYY
D15 What was municipality/city/county	
/province/country where convicted	
D16 Has the sentence been served?	□Yes □No
D17 Date sentence completed:	DD MM YYYY
D18 Is the conviction spent?	□ Yes □ No

SECTION E	DECLARATIONS	

Declaration by Employer (Company/Firm/Individual):

I hereby declare that I am authorized to bind the Employer for the foreign worker named in **Section A** to the following:

I have read and I understand the applicable regulatory conditions of the grant of a Work permit, as specified in the Immigration Ordinance 2015.

The Employer consents, for the purpose of assessing this application, for the Government of the Turks and Caicos Islands and any statutory authorities thereof to obtain from and verify information with any person, organization, or any other source; and further, to the release of all information thereby obtained to the Government of Turks and Caicos Islands, Statutory Authorities and authorized agents thereof.

The information as set out in PART 2 are, to the best of my knowledge, true and correct; and that all documents submitted in support of this application are true and authentic copies of the original document.

I understand that it is an offence to provide false or misleading information under Section 97 of the Immigration Ordinance 2015 and that if found guilty, I am liable on summary conviction to a fine of \$20,000 or a term of imprisonment of four years, or to both.

Name and Designation of Authorized Representative Date: DD MM YYYY

E2 Declaration by an Agency:

(Applicable if the Employer engage the services of an Agency/Agent)

I hereby declare that I am authorized to bind the Employer for the Foreign Worker named in **Section A** to the following:

I, the undersigned, am the Agency personnel handling this application.

I have explained the contents of the application and the applicable regulatory conditions of the grant of a Work permit, as specified in the Immigration Ordinance 2015 to the Foreign Employee and the Authorized Officer of the Employer.

The information as set out in this application are, to the best of my knowledge, true and correct; and that all documents submitted in support of this application are true and authentic copies of the original document.

I understand that it is an offence to provide false or misleading information under Section 97 of the Immigration Ordinance 2015 and that if found guilty, I am liable on summary conviction to a fine of \$20,000 or a term of imprisonment of four years, or to both.

Name, Signature and Designation of Authorized Agency Personnel				
	Date:	DD	MM	YYYY
Authorized Agency Personnel Contact Details				