

**DOCUMENTS AND FEES TO BE ATTACHED TO THE RESIDENCE PERMIT FOR SPOUSE OF
BELONGER TEN (10) YEARS**

- (1) Completed application form signed by applicant
- (2) Local medical certificate obtained within six months
- (3) Two passport sized photos
- (4) Certified copy of spouse National Turks and Caicos Islander Status Card
- (5) Covering letter from spouse endorsing application
- (6) Marriage certificate (Must be verified of legitimacy through Haitian Consulate)
- (7) Police record (police records are not accepted from Haiti and Dominican Republic).

FEES

- (1) Permit fee \$1,500.00
- (2) Non-refundable administrative fee \$150.00

ENDORSEMENT OF CHILDREN

- (1) Covering Letter
- (2) Copy of certified birth certificate (translated if required)
- (3) Copies of passport pages showing photo page (Bio page) and entry stamp
- (4) Two passport sized photos – one certified on back
- (5) 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.

DOCUMENTS AND FEES TO BE ATTACHED TO THE RESIDENCE PERMIT APPLICATION

FIRST TIME RESIDENCE PERMIT APPLICATION (ANNUAL)

- (1) Completed application form signed by applicant
- (2) Local medical certificate obtained within six months
- (3) Two passport sized photos (one certified on back of photo)
- (4) Covering letter with complete address, email address and telephone contact
- (5) Financial statement
- (6) Original police record
- (7) Letter of undertaking stating applicant will not engage in gainful employment while residing in the islands
- (8) Passport pages showing:
 - (i) Entry stamp page
 - (ii) Departure stamp page
 - (iii) Photo page

FEES

- (1) Annual Permit fee \$1,500.00
- (2) Non-refundable administrative fee \$150.00

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

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

ENDORSEMENT OF CHILDREN

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.

You are required to complete each section below regarding your present and/or previous immigration status in the islands.

Immigration history details for the person to be resident in the Turks and Caicos Islands.

A12 Work Permit Holder Temporary Annual Never Worked

Employer	Job Title/Occupation
<input type="text"/>	<input type="text"/>

A13 Last Permit Number Date of Issue Expiration Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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A14 National Health Insurance Number **A15** National Insurance Number

<input type="text"/>	<input type="text"/>
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A16 Residence Permit Holder Never Resided

A17 Permit Number Date of Issue Expiration Date

<input type="text"/>	DD MM YYYY	DD MM YY
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A18 Endorsed on Work Permit Residence Permit Permanent Residence Cert. (PRC)
 Never Endorsed

A19 Name of Permit Holder Relationship to you

<input type="text"/>	<input type="text"/>
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A20 Permit Number Date of Issue Expiration Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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A21 Visitor Never Visited

A22 In which country are you residing at the time of this application? Last date of entry into the Turks and Caicos Islands Last date of departure from the Turks and Caicos Islands

<input type="text"/>	DD MM YYYY	DD MM YY
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A23 Do you have a pending arbitration/reconciliation at the Employment Services Department or Labour Tribunal case? Yes No

SECTION B CONTACT INFORMATION FOR THE PERSON TO BE RESIDENT

B1 Residential address and contact information in home country.

<input type="text"/>	
Telephone Number	Email
<input type="text"/>	<input type="text"/>

C12 Details of all passports held. You are required to give all information as printed in 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			

NOTE : ALL APPLICANTS EXCEPT THE SPOUSE OF A TURKS AND CAICOS ISLANDER are required to answer questions C13 to C23.

Previous or current immigration details for the spouse of the person to be resident in the Turks and Caicos Islands.

C13 Work Permit Holder Temporary Annual Never Worked

Employer _____ Job Title/Occupation _____

C14 Last Permit Number _____ Date of Issue _____ Expiration Date _____

C15 National Health Insurance Number _____ **C16** National Insurance Number _____

C17 Residence Permit Holder Never Resided

C18 Permit Number _____ Date of Issue _____ Expiration Date _____

DD MM YYYY DD MM YYYY

C19 Endorsed on Work Permit Residence Permit Permanent Residence Cert. (PRC)
 Never Endorsed

C20 Name of Permit Holder _____ Relationship to you _____

C21 Permit Number _____ Date of Issue _____ Expiration Date _____

DD MM YYYY DD MM YYYY

D22 If this child is residing in the Turks and Caicos Islands what is his/her current immigration status?

D23 Endorsed on Work Permit Residence Permit Never Endorsed

D24 Visitor Never Visited

Last date of entry into the Turks and Caicos Islands
DD MM YYYY

Last date of departure from the Turks
and Caicos Islands DD MM YYYY

D26 Are you seeking an endorsement for this child ?

Yes No No, I intend to do so in a subsequent application.

D26 Are you separated or divorced from the parent of any of the children in this application?

Yes No

SECTION E EDUCATION AND OCCUPATION OF THE PERSON TO BE RESIDENT

If more space is required please attach an additional page.

E1. Post-Secondary Education (If you need to provide additional information, please attach an additional page.)

Name of Institution 1			
Address of Institution			
Country			
Date Enrolled	DD MM YYYY	Date Completed	DD MM YYYY
Course Pursued			
Certificate/Diploma/Degree Obtained	<input type="checkbox"/> Associate <input type="checkbox"/> Vocational <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate		

Name of Institution 2			
Address of Institution			
Country			
Date Enrolled	DD MM YYYY	Date Completed	DD MM YYYY
Course Pursued			
Certificate/Diploma/Degree Obtained	<input type="checkbox"/> Associate <input type="checkbox"/> Vocational <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate		

E2. List ALL Trade or Professional Bodies or Associations with which the person to be employed are affiliated:

Name of Association			
Address of Institution			
Country		Date of Membership	DD MM YYYY

Name of Association			
Address of Institution			
Country		Date of Membership	DD MM YYYY

E3 Current occupation _____

E4 Place of work and work address _____

SECTION F

CHARACTER DETAILS

F1 For ANY offence, including any driving offence, has the **person to be employed, or anyone included in this application**, ever been :

- arrested ? Yes No
- charged ? Yes No
- convicted? Yes No

F2 For ANY offence, in any country, is **anyone included in this application** currently:

- under investigation? Yes No
- wanted for questioning? Yes No
- facing charges? Yes No

F3 Does **anyone included in this application**, currently have an outstanding arrest warrant in any country?

Yes No

F4 With respect to any country, including the Turks and Caicos Islands, has **anyone included in this application** ever been

- repatriated? Yes No
- refused entry? Yes No
- removed or 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:	
F5 Was the person refused entry, removed or departed? <input type="checkbox"/> Yes <input type="checkbox"/> No	F6 If yes, briefly state the date, the country removed from and the reason for denial or removal.
F7 Was the person arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	F8 If yes, briefly state the reason/circumstance of the arrest.
F9 Was the person charged? <input type="checkbox"/> Yes <input type="checkbox"/> No	F10 If yes, please state the nature of the offence charged.
F11 Was the person convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	F12 What was the date/s of conviction? DD MM YYYY
DETAILS ABOUT THE CONVICTION	
F13 What was the nature of the offence?	
F14 What was the date of sentence?	DD MM YYYY
F15 What was municipality/city/country /province/country where convicted	
F16 Has the sentence been served?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F17 Date sentence completed:	DD MM YYYY
F18 Is the conviction spent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION G RESIDENCE PERMIT VIA INDEPENDENT MEANS

G1 Are you able to sustain yourself (and family) in the Turks and Caicos Islands without seeking employment here?

Yes No

G2 How much funding in US dollars do you have available to maintain yourself (and family) in the Turks and Caicos Islands annually.

less than \$75 - \$150,000 \$150-250,000 More than \$250,000

G3 What is the source of your income? _____

G4 Tick the living accommodation that applies.

- I live/will be living in a rented apartment/condominium/.house
- I own my own home
- I live/ will be living with relatives or a friend

G5 Please indicate the length of time you will be spending in the Turks and Caicos Islands each year.

Less than 6 months 6-12 months

SECTION H SPOUSE OF A TURKS AND CAICOS ISLANDER

H1 What is the date of your marriage? _____ / _____ / _____
Day Month Year

H2 In which country did the marriage take place? _____

SECTION I HOME OWNER

I1 What is the title number of your home/ property? _____

I2 How long have you owned it? _____

I3 Value of the home \$ _____

I4 Type of home

- Condominium
- Apartment Complex
- Stand Alone House

I5 Address: _____

SECTION J**DECLARATIONS****J1 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

J2 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