APPLICATION FOR TURKS AND CAICOS ISLANDER STATUS

PART I

INFORMATION ABOUT THE APPLICANT

PLEASE WRITE IN BLOCK LETTERS WITH BLUE INK AND TICK WHERE RELEVANT.

Under	what section are y	ou applying?								
□ Secti	on 4(4) -Dependa	ant child of a p	erson wh	o acquir	ed Island	er status t	hrough	marriage		
□ Secti	on 4(6)(<i>b</i>) –perso	n under eighte	en years	, and was	s endorse	d on a PR	.C			
spouse	on $4(6)(c)$ –person who is an Island nce Permit									
Name ((as printed in the	Passport/Identi	ity Card)	:						
TITLE	:() Mr. () Mrs	s. () Ms. ()	Other (P	lease spe	ecify)	-	_	.		
SURN	NAME									
FIRS	Г NAME									
ОТНІ	ER NAMES:									
1.	Date of Birth:	//_ (DD/MM/Y								
2.	Sex/Gender:	() Male()	Female							
3.	Country of Birth	(including pro	ovince/st	ate):			_			
4.	Country of Citiz	enship (if mor	e than 1,	list all):	(1)		(2)			
5.	Race/Ethnicity:_	6.	La	ınguages	spoken _		,			
7.	Principal	Address	Inside	e	the	Turks	ä	and	Caicos	Islands:

Contact N = 1				
Contact Number:				
Emails Address:				
National Health Insurance	e Number:			
National Insurance Num	ber:			
8. Full name of pare	ent (s):			
9. Are you a studen	t or employed?			
() Student () Employe	ed () Self-employed			
11. If you are	employed, what		ge annual income	range (in US\$)?
If you have two or more			T	1
Passport Number	Issuing Country	Date of Issue (DD/MM/YYYY)	Expiration Date (DD/MM/YYYY)	

PART II INFORMATION ABOUT YOUR EDUCATION AND SKILLS

EARLY EDUCATION (If you require more space to provide additional information, please attach an additional page.)

12. Primary School	
Name of School	
Address of School	
Country	

		//		_/_/	
	Date Enrolled	(DD/MM/YY YY)	Date Completed	(DD/MM/YYY Y)	
	Reason for leaving		Transfer ()Other (
	13. Secondary School				
	Name of School				
	Address of School				
	Country		.	.	
	Date Enrolled	//_ (DD/MM/YY YY)	Date Completed	// (DD/MM/YYY Y)	
	Reason for leaving		Transfer ()Other (
POST	SECONDARY EDUCATION (If you need to pro	vide additional info	rmation, please atta	ch an additional page.)]
	14. Name of Institution				
	Address of Institution				
	Country				
	Date Enrolled	//_ (DD/MM/YY YY)	Date Completed	// (DD/MM/YYY Y)	
	Course Pursued				

	Certific Obtain	cate/Diploma/Degree ed	()Associate		ocational ()Bache	lor's ()N	Master's		
*If no	t complet	ed, state you are still	enrolled.						
PART IIII									
INFORMATION ABOUT YOUR RESIDENCE IN THE ISLANDS									
How long have you been living in the Turks and Caicos Islands? () Under 1 year () 2 to 6 years									
	•	•							
()/0	o 12 years	() 13 to 1	8 years						
16.	If born in	the Islands, please pr	ovide the immi	gratio	n status of both n	arents at	the time o	of your hirth	
	ents Full N		ovide the mini	Stati		areins at	the time o	a your ontin]
Ture	its I all I			State					1
									1
									1
									1
		a person applying thi				formation	n of the PF	RC or Resider	nce Permit
	ame of older	Date of Issue (DD/MM/YYYY)	Expiry Date((DD/MM/YY)	YY)	Date Endorsement	of			
R	PRC/ esidence ermit)		`	ĺ	(DD/MM/YYY	Y)			
1.									
2.									
3.									
				PAI	RT IV				
		N ABOUT YOUR D			101				
18.		your Marital Status (
10	() Single () Married () Divorced 19. If married, please provide the following information regarding your Spouse								
19.						spouse			
		of Spouse (as in the Pa	issport/identity	Card): 				
	SPOUSE'S SURNAME:								

SPOUSE'S FIRST NAME

	ОТНІ	ER NAM	ES:								
20.	Spouse's	s Date of	Birth:/								
21.	Sex/Gen	der:	() Male() F	Female							
22.	Spouse's	Country	of Birth (inclu	ding pro	vince/sta	te):					
23.	Spouse's	Country	of Citizenship	(if more	than 1, l	ist all):					
(1)			(2)								
24.	Spouse's	Race/Et	hnicity:								
25 .	Languag	es spoke	n	,							
26 .	Is your s	pouse pro	esently residing	in the T	urks and	Caicos l	slands?				
() Yes		() No									
27 . I	f the answ	er to abo	ve question is '	'No", do	es your s	pouse in	tend to re	eside in	the Island	ds with you?	() Yes
28.	Does you	ur spouse	intend to seek	employn	nent in th	ne Island	s:				
() Yes		() No									
29 .	What is :	your Spo	use's Occupation	on?				_			
30 .	What is	your spou	ıse's employm	ent status	?						
() Emp	oloyed	() Self-	employed	() U	Jnemploy	/ed	() Re	tired			
	•		ployed, what is		_		ncome ra	nge?			
()over	\$150,000	()\$100	,000 to \$150,00	00 ()\$75	,000 to \$	599,999					
()\$50,	000 to \$74	4,999	()\$25,000 to	\$49,999	()u	inder \$24	1,999				

Please list below information pertaining to the passport that your spouse has used over the past five years up to date of this application. If he has two or more valid passports, you are required to list ALL of them.

Passport Number	Issuing Country	Date of Issue (DD-MM- YYYY)	Expiration Date (DD-MM-YYYY)

sheets	as required and nu	ımber children sequent	tially):		
32.	How many child	ren do you have?			
()3	()2	()1	other (Specify	_)	
CHILI	0 1				
					1
	SURNAME:				
					1
	FIRST NAME				
	OTHER NAME	S:			
33 .	Date of Birth:	/			
	(DI	D/MM/YYYY)			
34.	Sex/Gender:	() Male () Female			
35 .	Country of Birth	(including province/st	ate):		
36 .	Country of Citize	enship (if more than 1,	list all): (1)	(2)	
37 .	Race/Ethnicity:_				
38 .	Languages spoke	en,			
39 .	Is the child NAM	IED ABOVE attending	g school in the Islands	s?	
() Yes	()No				
40 . I	f your answer to q	uestion 39 is no, do yo	ou intend for this child	l to reside in the Islands	?
() Yes	() No				
41 .	If Yes, what prov	visions will you make	for schooling?:		
() Pub	lic School	() Private School			
42 .	Intended name an	nd address of school:			
				ve named child has used rts, you are required to	d over the past five years
սբ ւԾ ն	ne date of this app	incation. If the flas two	or more vand passpo	rts, you are required to	IIST ALL OF THEIII.
	Dosanort	Jaquing Country	Data of Issue	Evnivation Data	
	Passport	Issuing Country	Date of Issue	Expiration Date	

Please provide the following information with respect to each of your children under 18 years of age. (Attach extra

				(DD/MM	I/YYYY)	(DD/	MM/YY	YYY)	
]
CIIII I	2.2								
CHILI	SURNAME:								
	SURIVAIVIL.								
	FIRST NAME								
	3 33 38 3 3 3 3 3 3 3 3				L				
	OTHER NAME	S:							
				•	•				
43.	Date of Birth:	//	_						
	(DI	D/MM/YYYY)							
44.	Sex/Gender:	() Male() F	emale						
45 .	Country of Birth	(including prov	ince/sta	ate):					
46 .	Country of Citize	enship (if more t	han 1,	list all): (1	.)	(2)		
47 .	Race/Ethnicity:_								
48 .	Languages spoke	en, _							
49 .	Is the child NAM	IED ABOVE at	tending	school in	the Island	s?	() Yes ()	No
50 .	If your answer to	question 49 is r	no, do y	you intend	for this ch	ild to r	eside in	the Island	ds?
	() Yes	() No							
51.	If Yes, what prov	visions will you	make f	or schooli	ng?:				
() Pub	lic School	() Private Sch	nool						
52 .	Intended name ar	nd address of scl	hool:						
	list below information he date of this app								l over the past five year list ALL of them.
	Passport	Issuing Counti	ry	Date of I	ssue	Expir	ation Da	ate	
	Number			(DD/MM	I/YYYY)	(DD/	MM/YY	YYY)	

	PART V	
Infor	ormation about your Character	
53.	Have you ever been arrested? () Yes	() No
54.	If yes, please state the circumstances of a needed):	arrest. (Use additional sheet as
55.	Have you ever been charged? () Yes () No	
56 .	If yes, please state the nature of the offence charge	ed. (Use additional sheet as needed):
57.	Give the following information in respect of ALL convictions ever as needed):	er recorded against you (use additional sheet
58 .	Have you ever been convicted: () Yes () No	
	If yes, date of Conviction:/	
	(DD/MM	I/YYYY)
59 .	Nature of offence:	
	Date of Sentence: / /	
	(DD/MM	I/YYYY)
Muni	nicipality/City/Country/State/Province/Country where Convicted:	
60.	Has sentence been served: () Yes () No	
61.	Date sentence completed:/(DD/MM/YYYY)	

62.

Is conviction spent: () Yes () No

	the following information in respect of all convictions ever recorded against your SPOUSE. (Use additional as needed)
63.	Was your spouse ever convicted: () Yes () No
	If yes, date of Conviction:/
64.	(DD/MM/YYYY) Nature of offence:
U4.	Nature of offence.
Date	sentence completed:/
	(DD/MM/YYYY)
Muni	cipality/City/Country/State/Province/Country where Convicted:
65.	Has sentence been served: () Yes () No
66.	Date sentence completed:/
	(DD/MM/YYYY)
67 .	Is conviction spent: () Yes () No
68.	Date discharged:/
	(DD/MM/YYYY)
69 .	State the names of Turks and Caicos Islanders who will submit references to the Commission on your behalf.
	1
	2
	3

DECLARATIONS

Declaration by Applicant (if 16 years and older)/ by Parents Or Legal Guardian:

I have read and I understand the applicable regulatory conditions of the grant of a Turks and Caicos Islander Status as specified in the Turks and Caicos Islander Status Ordinance.

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

I understand that I commit an offence under the Turks and Caicos Islander Status Ordinance if I knowingly make a false or misleading statement or knowingly furnish false or misleading information or have in my possession and supply any forged, altered or irregular certificate, passport, visa or other document in connection with this application.

I further give consent to 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 authorised agents thereof, for the purpose of assessing this application.

Date: ____/____

Signature of Applicant	DD/MM/YYYY)
	Date:/
Signature of Parent/ Legal Guardian	DD/MM/YYYY)
Declaration by an Agency:	
(Applicable if the Applicant engages the	services of an Agency/Agent)
I, the undersigned, am the Agency perso	nnel authorised to handle this application.
•	lication and the applicable regulatory conditions of the grant of Turks in the Turks and Caicos Islander Ordinance.
	cation is, to the best of my knowledge, true and correct; and that the all of the original documents and all documents submitted in support c copies of the original document.
Name of the Authorised Agency Person	nel
Signature of Authorised Agent	
Authorised Agency Personnel Cell Num	ber
Authorised Agent Email Address	
Date:/	

APPLICATION DOCUMENT SUBMISSION FORM FOR FORM 2 AND FORM 3

TURKS AND CAICOS ISLANDER STATUS

Documents to be submitted by all Applicants	
	Two passport photos (must be certified, passport photo size, with a white or cream background).
	Certified copy of birth certificate (if in a foreign language, it must be accompanied by an English translated copy, signed by the translator and certified by a Justice of Peace or Notary Public)
	Police certificate (proving good character and issued in the last # months)
	Certified copy of pages from your passport (including exit and entry stamps)
Ш	Proof of Education & Skills (certified copies)
	Proof of residence
Ш	Letter from your employer confirming employment and length of time employed
	Proof of NIB contribution
	Certificate of Good Health
	Three character references (from TC Islanders along with National Status Card or other proof of TCI Status)
	Treasury receipt for $\$5,150.00$ ($\$150.00$ administrative non-refundable fee and $\$5000.00$ application fee)
	If applying under Section $4(2)$ - British Overseas Territory Citizen or British Citizen
	Certified copy of proof of citizenship
	Certified birth certificate of dependant children and proof of their residency in the Islands.
	If applying under Section 4(4) -Dependant child of a person who acquired Islander status through marriage
	Proof of parents' status (certified copy) (if applying as of birth in the Islands to parents who at the time of their birth were legally resident)

	If applying under Section $4(5)$ - born in the Islands to parents who at the time of birth were legally resident in the Islands
	Certified copy of proof of parents Permanent Residence Certificate, Residence Permit or Work Permit
	If applying under Section $4(6)(b)$ –person under eighteen years, and was endorsed on a PRC (certified copy)
	Certified copy of proof of endorsement on a PRC)
	If applying under Section $4(6)(c)$ – person is the child of a person who is the spouse of an Islander, who has not been adopted by the spouse who is an Islander or who is not the biological child of the Islander, who was endorsed in that person's Residence Permit
	Certified copy of proof of endorsement on a Residence Permit
${\it NOTE}:$ Any other document(s) that the applicant deems may be helpful in supporting his application is welcome.	
	(X) = to indicate that the document has been submitted with the application.
