

**FORM 2***(Section 5(1)(b))***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 you applying?

 Section 4(2) British Overseas Territory Citizen British Citizen Section 4(5) - born in the Islands to parents who at the time of birth were legally resident in the Islands

\_\_\_\_\_

Name (as printed in the Passport/Identity Card):

TITLE:  Mr.  Mrs.  Ms.  Other (Please specify) \_\_\_\_\_

SURNAME							
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FIRST NAME							
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OTHER NAMES:							
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1. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

(DD/MM/YYYY)

2. Sex/Gender:  Male  Female

3. Country of Birth (including province/state): \_\_\_\_\_

4. Country of Citizenship (if more than 1, list all):

(1) \_\_\_\_\_ (2) \_\_\_\_\_

5. Race/Ethnicity: \_\_\_\_\_ 6. Languages spoken: \_\_\_\_\_,  
\_\_\_\_\_ , \_\_\_\_\_

7. Principal Address Inside the Turks and Caicos Islands:

\_\_\_\_\_  
\_\_\_\_\_

Contact Number: \_\_\_\_\_

Emails Address: \_\_\_\_\_

National Health Insurance Number: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

8. What is your employment status?

Employed  Self-employed  Unemployed  Retired

9. If you are employed, what is your occupation? \_\_\_\_\_

10. If you are employed, what is your average annual income range (in US\$)?

over \$150,000  \$100,000  \$75,000 to \$99,999

\$50,000 to \$74,999  \$25,000 to \$49,999  under \$24,999

Please list below information pertaining to the passport you have over the past five years up to date of this application. If you have two or more valid passports list all of them.

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

## PART II

### Information About Your Dependants

11. What is your Marital Status (Attach appropriate certificate):

Single  Married  Divorced

12. If married, please provide the following information regarding your Spouse

Name of Spouse (as in the Passport/Identity Card):

SPOUSE'S SURNAME:						
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SPOUSE'S FIRST NAME						
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OTHER NAMES:						
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13. Spouse's Date of Birth: \_\_\_/\_\_\_/\_\_\_

(DD/MM/YYYY)

14. Sex/Gender:     ( ) Male ( ) Female

15. Spouse's                   Country                   of                   Birth                   (including  
province/state): \_\_\_\_\_

16. Spouse's Country of Citizenship (if more than 1, list all):

(1) \_\_\_\_\_ (2) \_\_\_\_\_

17. Spouse's Race/Ethnicity: \_\_\_\_\_

18. Languages spoken. \_\_\_\_\_, \_\_\_\_\_

19. Is your spouse presently residing in the Turks and Caicos Islands?

( ) Yes                   ( ) No

20. If the answer to above question is "No", does your spouse intend to reside in the Islands with you? ( ) Yes ( ) No

21. Does your spouse intend to seek employment in the Islands:

( ) Yes                   ( ) No

22. What is your Spouse's Occupation? \_\_\_\_\_

23. What is your spouse's employment status?

( ) Employed     ( ) Self-employed     ( ) Unemployed     ( ) Retired

24. If your spouse is employed, what is his/her average annual income range?

( ) over \$150,000     ( ) \$100,000 to \$150,000     ( ) \$75,000 to \$99,999

( ) \$50,000 to \$74,999     ( ) \$25,000 to \$49,999     ( ) under \$24,999

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)

Please provide the following information with respect to each of your children under 18 years of age. (Attach extra sheets as required and number children sequentially):

**25.** How many children do you have?

3       2       1       other (Specify \_\_\_\_\_)

CHILD 1

SURNAME:							
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FIRST NAME							
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OTHER NAMES:							
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**26.** Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(DD/MM/YYYY)

**27.** Sex/Gender:       Male  Female

**28.** Country of Birth (including province/state): \_\_\_\_\_

**29.** Country of Citizenship (if more than 1, list all): (1) \_\_\_\_\_ (2) \_\_\_\_\_

**30.** Race/Ethnicity: \_\_\_\_\_ **31.** Languages spoken. \_\_\_\_\_, \_\_\_\_\_

32. Is the child NAMED ABOVE attending school in the Islands?

Yes  No

33. If your answer to question 32 is no, do you intend for this child to reside in the Islands?

Yes  No

34. If Yes, what provisions will you make for schooling?:

Public School  Private School

35. Intended name and address of school:

\_\_\_\_\_

\_\_\_\_\_

Please list below information pertaining to the passport that the above named child has used over the past five years up to the 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)

CHILD 2

SURNAME:							
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FIRST NAME							
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OTHER NAMES:							
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36. Date of Birth: \_\_\_/\_\_\_/\_\_\_  
(DD/MM/YYYY)

37. Sex/Gender:  Male  Female

38. Country of Birth (including province/state): \_\_\_\_\_
39. Country of Citizenship (if more than 1, list all): (1) \_\_\_\_\_ (2) \_\_\_\_\_
40. Race/Ethnicity: \_\_\_\_\_ 41. Languages spoken. \_\_\_\_\_,  
\_\_\_\_\_
42. Is the child NAMED ABOVE attending school in the Islands?  Yes  No
43. If your answer to question 42 is no, do you intend for this child to reside in the Islands?  
 Yes  No
44. If Yes, what provisions will you make for schooling?:  
 Public School  Private School
45. Intended name and address of school:  
\_\_\_\_\_  
\_\_\_\_\_

Please list below information pertaining to the passport that the above named child has used over the past five years up to the 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)

**CHILD 3**

SURNAME:						
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FIRST NAME						
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OTHER NAMES:						
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46. Date of Birth: \_\_\_/\_\_\_/\_\_\_  
(DD/MM/YYYY)

47. Sex/Gender: ( ) Male ( ) Female

48. Country of Birth (including province/state): \_\_\_\_\_

49. Country of Citizenship (if more than 1, list all): (1) \_\_\_\_\_ (2) \_\_\_\_\_

50. Race/Ethnicity: \_\_\_\_\_ 51. Languages spoken. \_\_\_\_\_, \_\_\_\_\_

52. Is the child NAMED ABOVE attending school in the Islands?

( ) Yes ( ) No

53. If your answer to question 52 is no, do you intend for this child to reside in the Islands?

( ) Yes ( ) No

54. If Yes, what provisions will you make for schooling?:

( ) Public School ( ) Private School

55. Intended name and address of school:

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Please list below information pertaining to the passport that the above named child has used over the past five years up to the 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)

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**PART III**

Information about Your Education and Skills

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

<b>56. Primary School</b>			
Name of School			
Address of School			
Country			
Date Enrolled	_/_/_/ (DD/MM/YY YY)	Date Completed	_/_/_/ (DD/MM/YYYY Y)
Reason for leaving	<input type="checkbox"/> Graduation <input type="checkbox"/> Transfer <input type="checkbox"/> Other (please specify: _____)		

<b>57. Secondary School</b>	
Name of School	
Address of School	
Country	



Date Enrolled	__/__/__ (DD/MM/YY YY)	Date Completed	__/__/__ (DD/MM/YYYY Y)
Reason for leaving	<input type="checkbox"/> Graduation <input type="checkbox"/> Transfer <input type="checkbox"/> Other (please specify: _____)		

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/YY YY)	Date Completed	__/__/__ (DD/MM/YYYY Y)
Course Pursued	<b>58.</b>		
Certificate/Diploma/Degree Obtained	<b>59.</b> <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/YY YY)	Date Completed	__/__/__ (DD/MM/YYYY Y)

Course Pursued	<b>60.</b>		
Certificate/Diploma/Degree Obtained	<b>61.</b> ( ) Associate ( ) Vocational ( ) Bachelor's ( ) Master's ( ) Doctorate		

List ALL Trade or Professional Bodies or Associations with which you are affiliated:

Name of Association	<b>62.</b>	
Address of Institution		
Country		
Date of Membership	<p style="text-align: center;">_ / _ / _</p> <p>(DD/MM/YY YY)</p>	

Name of Association	<b>63.</b>	
Address of Institution		
Country		
Date of Membership	<p style="text-align: center;">_ / _ / _</p> <p>(DD/MM/YYYY)</p>	

**64.** Give details of ALL Disciplinary Action to which you have been subject by such Body or Association:

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Give the following information regarding your PAST working experience. (Use extra sheet as needed):

Name of Employer 1			
Job Title			
Key tasks performed	<b>65.</b>		
Country			
Date Employed Started	__/__/__ (DD/MM/YY YY)	Date Employment Ended	__/__/__ (DD/MM/YYYY Y)
Reason Employment Ended			
Name of Employer 2			
Job Title			
Key tasks performed	<b>66.</b>		
Country			
Date Employment Started	__/__/__ (DD/MM/YY YY)	Date Employment Ended	__/__/__ (DD/MM/YYYY Y)
Reason Employment Ended			

Name of Employer 1			
Job Title			
Key tasks performed		<b>67.</b>	
Country			
Date Started	Employment (DD/MM/YY YY)	Date Ended	Employment (DD/MM/YYYY Y)
	__/__/__		__/__/__
Reason Employment Ended			
Name of Employer 1			
Job Title			
Key tasks performed		<b>68.</b>	
Country			
Date Started	Employment (DD/MM/YY YY)	Date Ended	Employment (DD/MM/YYYY Y)
	__/__/__		__/__/__
Reason Employment Ended			

**PART IV**

Information about your Residence in the Islands

**69.** How long have you been living in the Turks and Caicos Islands?

- Under 1 year             2 to 5 years             6 to 10 years  
 11 to 15 years             16 to 20 years             21 to 25 years  
 Above 25 years

70. If born in the Islands, please provide the immigration status of both parents at the time of your birth.

Parents Full Name	Status

71. What type of residence do you live in?  
 with a relative or friend    Rented Apartment/House    Own Home

72. If you own your own home, is it mortgaged?  Yes    No

73. if you own your own home, what is the title number for your property? (Please attach it)

74. If you are a British Overseas Territory Citizen or British Citizen who holds a PRC provide information regarding your absence from the territory over the past 5 years. (Attach an additional sheet if needed.)

Country you travelled to	Purpose for travel	Date of Departure from the TCI (DD/MM/YYYY)	Date of Return to Turks and Caicos (DD/MM/YYYY)

75. If you are a British Overseas Territory Citizen or British Citizen who holds a Residence Permit or Work Permit, or a person who applies under section 4(5) provide information regarding your absence from the territory over the past ten years. (Attach an additional sheet if needed.)

Country you travelled to	Purpose for travel	Date of Departure from the TCI (DD/MM/YYYY)	Date of Return to Turks and Caicos (DD/MM/YYYY)


**76.** If you are a British Overseas Territory Citizen or British Citizen please list and attach copies of your Work Permit, Residence Permit and PRC establishing your legal residency over the past 10 years ending with the date of application; or if the holder of a PRC, over the past 5 years.

Status (Work Permit/Residence Permit/PRC)	Date of Issue (DD/MM/YYYY)	Expiry Date( (DD/MM/YYYY)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

**PART V**

Information about your Character

**77.** Have you ever been arrested?  Yes  No

**78.** If yes, please state the circumstances of arrest. (Use additional sheet as needed): \_\_\_\_\_

**79.** Have you ever been charged?  Yes  No

80. If yes, please state the nature of the offence charged. (Use additional sheet as needed):

\_\_\_\_\_ -

81. Give the following information in respect of ALL convictions ever recorded against you (use additional sheet as needed):

82. Have you ever been convicted: ( ) Yes ( ) No

If yes, date of Conviction: \_\_\_\_/\_\_\_\_/\_\_\_\_

(DD/MM/YYYY)

83. Nature of offence: \_\_\_\_\_

Date of Sentence: \_\_\_\_/\_\_\_\_/\_\_\_\_

(DD/MM/YYYY)

Municipality/City/Country/State/Province/Country where Convicted:

\_\_\_\_\_  
\_\_\_\_\_

84. Has sentence been served: ( ) Yes ( ) No

85. Date sentence completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

(DD/MM/YYYY)

86. Is conviction spent: ( ) Yes ( ) No

Give the following information in respect of all convictions ever recorded against your SPOUSE. (Use additional sheet as needed)

87. Was your spouse ever convicted: ( ) Yes ( ) No

If yes, date of Conviction: \_\_\_\_/\_\_\_\_/\_\_\_\_

(DD/MM/YYYY)

88. Nature of offence:

\_\_\_\_\_  
\_\_\_\_\_

Date sentence completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

(DD/MM/YYYY)

Municipality/City/Country/State/Province/Country where Convicted:

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89. Has sentence been served:  Yes  No

90. Date sentence completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(DD/MM/YYYY)

91. Is conviction spent:  Yes  No

92. Date discharged: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(DD/MM/YYYY)

93. State the names of Turks and Caicos Islanders who will submit references to the Commission on your behalf.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## PART VI

### DECLARATIONS

#### DECLARATION BY APPLICANT:

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



