FORM 2

(*Section 5(1)(b)*)

APPLICATION FOR TURKS AND CAICOS ISLANDER STATUS

PARTI

INFORMATION ABOUT THE APPLICANT

Please write in BLOCK LETTERS WITH BLUE INK and tick where relevant.

Under what section are you a	pprying:						
□ Section 4(2)							
() British Overseas T	erritory (Citizen					
() British Citizen							
☐ Section 4(5) - born in the Is the Islands	lands to	parents w	ho at the	time of l	oirth were	e legally 1	esident in
the Islands							
Name (as printed in the Passp	ort/Ident	tity Card)	:				
1		,					
TITLE:() Mr. () Mrs. ()	Ms. ()	Other (P	lease spe	cify)			
SURNAME							
FIRST NAME							
OTHER NAMES:							
1. Date of Birth:	_//_						
(D	D/MM/Y	YYYY)					
2. Sex/Gender:) Male () Female					
3. Country of Birth (incl	uding pr	ovince/st	ate):			_	
4. Country of Citizenshi	p (if mor	re than 1,	list all):				
(1) (2)	(2)						

5	. Race/Ethnicity:_	6. I	anguages spoken:	,
7	Principal Addres			
_ C	ontact Number:			
	mails Address:			
N	ational Health Insuranc	ce Number:		
N	ational Insurance Num	ber:		
8	. What is your em	ployment status?		
() Employed	() Self-employed() Unemployed () Re	etired
9	. If you are emplo	yed, what is your occ	upation?	
1	0. If you are emplo	yed, what is your ave	rage annual income ra	nge (in US\$)?
() over \$150,000	() \$100,000 () \$75,000 to \$99,999	
() \$50,000 to \$74,999	() \$25,000 to \$49,9	999 () under \$24,9	999
	lease list below informate of this application.			er the past five years up to all of them.
	Passport Number	Issuing Country	Date of Issue (DD/MM/YYYY)	Expiration Date (DD/MM/YYYY)
Iı	nformation About Your		RT II	
		•	opropriate certificate):	
	() Single	•) Divorced	

12.	If married, please provide the following information regarding your Spouse
	Name of Spouse (as in the Passport/Identity Card):
	SPOUSE'S SURNAME:
	SPOUSE'S FIRST NAME
	OTHER NAMES:
13.	Spouse's Date of Birth://
	(DD/MM/YYYY)
14.	Sex/Gender: () Male() Female
15.	Spouse's Country of Birth (including
	province/state):
	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?
() Y	
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:
()Y	Yes () No
22.	What is your Spouse's Occupation?
23.	What is your spouse's employment status?
()E	Employed () Self-employed () Unemployed () Retired
24.	If your spouse is employed, what is his/her average annual income range?
()	ver \$150,000 ()\$100,000 to \$150,000 ()\$75,000 to \$99,999
()\$5	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 cmi	aren ao you na	ive?					
()3	3 ()2 ()1 () other (Specify)							
CHIL	D 1							
	SURNAME:							
	FIRST NAME							
	OTHER NAM	ES:						
26.	Date of Birth:	//						
		DD/MM/YYYY						
27.	Sex/Gender:	() Male() Female					
28.	Country of Birt	h (including p	rovince/state):			_		
29 .	Country of Citi	zenship (if mo	re than 1, list a	ll): (1)	(2)		
30 .	Race/Ethnicity:	3:	1. Languages s	poken	 ,			

32 .	Is the child NAMED ABOVE attending school in the Islands?						
() Yes	()No						
33.	If your answer to	question 32 is r	10, do y	ou intend	for this chil	d to resi	de in the Islands
34.	If Yes, what prov	-		for school	ing?:		
() Pub	lic School	() Private Sc	hool				
35.	Intended name an	nd address of sc	hool:				
over th	list below informate past five years uper required to list A	p to the date of t					
	Passport Number	Issuing Count	ry	Date of Issue (DD/MM/YYYY)		1	tion Date IM/YYYY)
CHILI	D 2					,	
	SURNAME:						
	FIRST NAME						
	OTHER NAME	S:					
36.	Date of Birth:(D	// D/MM/YYYY)	_				
37.	Sex/Gender:	() Male() F	Female				

38.	Country of Birth (in	ncluding province/state	e):	
39.	Country of Citize	enship (if more than 1,	list all): (1)	(2)
40.	Race/Ethnicity:_	41. Langua	ges spoken	
42.		IED ABOVE attending question 42 is no, do y	-	s? () Yes ()No
() Yes	() No			
44. () Pub 45.	olic School	risions will you make to () Private School address of school:	for schooling?:	
over th		p to the date of this app		ove named child has used or more valid passports
<i>y</i> = 11 112	Passport Number	Issuing Country	Date of Issue (DD/MM/YYYY)	Expiration Date (DD/MM/YYYY)
CHILI	O 3			
	SURNAME:			
	FIRST NAME			

	OTHER MAN	~							l
	OTHER NAMES	S:]
46.	Date of Birth:(DD/N	_//_ MM/YYYY)							
47 .	Sex/Gender: () Male() Female								
48.	Country of Birth	(including prov	ince/state	e:					
49.	Country of Citize	enship (if more	than 1, lis	st all): (1)	(2))		
50.	Race/Ethnicity:_	5	51. Langu	ages spo	oken	,			
52 .	Is the child NAM ()No	ED ABOVE at	tending s	chool in	the Islan	ds?			
53 .	If your answer to	question 52 is n	o, do you	intend t	for this ch	nild to res	ide in th	ne Islands	s?
54 .	If Yes, what prov	-	make for	schooli	ng?:				
55.	Intended name ar	nd address of sc	hool:						
•									
over th	list below informate past five years up the required to list A	to the date of t							
	Passport Number	Issuing Count		Date of I	ssue 1/YYYY	1	ation Da		

PART III

Information about Your Education and Skills

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

56. Primary School			
Name of School			
Address of School			
Country		T	
Date Enrolled	_/_/_ (DD/MM/YY YY)	Date Completed	_/_/_ (DD/MM/YYY Y)
Reason for leaving		Transfer ()Other (
57. Secondary School			
Name of School			
Address of School			
Country			

Date Enrolled	//_ (DD/MM/YY YY)	Date Completed	// (DD/MM/YYY Y)
Reason for leaving	() Graduation ()	Transfer ()Other (please specify:)

POST SECONDARY EDUCATION (If you need to provide additional information, please attach an additional page.)

an additional page.)			
Name of Institution 1			
Address of Institution			
Country			
Country			
	//		_/_/
Date Enrolled	(DD/MM/YY	Date Completed	(DD/MM/YYY
	YY)	_	Y)
Course Pursued	58.		
Certificate/Diploma/Degree	59 () Associate	() Vocational () B	Sachelor's
Obtained			deficior 5
	() Master's	() Doctorate	
Name of Institution 2			
Traine of institution 2			
Address of Institution			
Country			
	//_		_/_/
Date Enrolled	(DD/MM/YY	Date Completed	(DD/MM/YYY
	YY)		Y)

-				
	Course Pursued	60.		
	Certificate/Diploma/Degree Obtained		() Vocational () E	3achelor's
List AI	LL Trade or Professional Bodies	s or Associations v	vith which you are	affiliated:
	Name of Association	62.		
	Address of Institution			
	Country			
	Date of Membership	_/_/_ (DD/MM/YY YY)		
ı				
	Name of Association	63.		
	Address of Institution			
	Country			
	,	//		

(DD/MM/YYYY)

Date of Membership

64. or Asse	Give details of ALL Discinction:	plinary Action to	which you have been sub	oject by such Body
Give tl	he following information r led):	egarding your PA	ST working experience.	. (Use extra sheet
	Name of Employer 1			
	Job Title			
	Key tasks performed	65.	ı	I
	Country			
	Date Employed Started	_/_/_ (DD/MM/YY YY)	Date Employment Ended	_/_/_ (DD/MM/YYY Y)
	Reason Employment Ended			
	Name of Employer 2			
	Job Title			
	Key tasks performed	66.		
	Country			
	Date Employment Started	_/_/_ (DD/MM/YY YY)	Date Employment Ended	_/_/_ (DD/MM/YYY Y)
	Reason Employment Ended			

Name of Employer 1			
Job Title			
Key tasks performed	67.		
Country			
	//_		//
Date Employment Started	(DD/MM/YY YY)	Date Employment Ended	(DD/MM/YYY Y)
Reason Employment Ended			
Name of Employer 1			
1 7			
Job Title			
Key tasks performed	68.		
Country	00.		
Country	/ /		/ /
Date Employment Started	_/_/_ (DD/MM/YY YY)	Date Employment Ended	_/_/ (DD/MM/YYY Y)
Reason Employment Ended		1	ı

PART IV

Information about your Residence in the Islands

(0	TT 1 1	1 1	1 1		1	Tr 1	10:	T 1 1 0
69.	How long 1	have vou	neen I	1V/1n ()	in the	Liirke	and Caicos	Telande?
U.	TIOW TOILS	mave you		I VIII E	III tiic	I ulks	and Carcos	isianas.

- ()2 to 5 years () 6 to 10 years () Under 1 year
- ()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 reside	ence do you	u 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	Date of Return to Turks and Caicos (DD/MM/YYYY)
		(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.

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

PART V

Info	rmation about your Character				
77.	Have you ever been arrested?	() Yes	() No		
78.	If yes, please state the circumstance needed):	·	additional	sheet	as
79 .	Have you ever been charged? () Y	es () No			

80.	If yes, please state the nature of the offence of	harged. (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)						
Mur	nicipality/City/Country/State/Province/Country	where Convicted:						
84.	Has sentence been served: () Yes	() No						
85.	Date sentence completed://(DD/MM/YYY							
86.	Is conviction spent: () Yes () No	,						
	e the following information in respect of all JUSE. (Use additional sheet as needed)	l convictions ever recorded against your						
87.	Was your spouse ever convicted: () Yes	() No						
	If yes, date of Conviction://							
	(DD/MM/YYY	YY)						
88.	Nature of offence:							
Date	e sentence completed:/(DD/MM/YYYY)							

Muni	icipality/City/Country/State/Province/Country where Convicted:
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 . Comi	State the names of Turks and Caicos Islanders who will submit references to the mission 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.

I further give consent to the statutory authorities thereof, organization, or any other sou	to obtain f	from and	verify in	formatio	on with any person,
obtained to the Government authorised agents thereof, for	of Turks a	nd Caico	s Islands	s, Statuto	ory Authorities and
	Date:	/	/		
Signature of Applicant		DD/MN	I/YYYY)		
DECLARATION BY AN AG	ENCY:				
(Applicable if the Applicant en	ngages the s	services of	f an Agen	icy/Agen	t)
I, the undersigned, am the Ag	ency persor	nel autho	orised to l	handle th	nis application.
I have explained the contents of of the grant of Turks and Ca Islander Ordinance.					
The information as set out in correct; and that the authorise and all documents submitted i of the original document.	d Public Of	fficer has	seen that	all of the	original documents
Name of the Authorised Agen	cy Personno	el			
Signature of Authorised Agen	t				
Authorised Agency Personnel	Cell Numb	er			
Authorised Agent Email Addr	·ess				
Date:/					
(DD/MM/YYYY)					

FORM 3

(*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(4) -Dependant child of a person who acquired Islander status through marriage								
□ Section 4(6)(b) –person un	der eighte	een years	, and was	endorse	d on a PF	RC		
\Box 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								
Name (as printed in the Pass)	ort/Ident	city Card)	: :					
TITLE:() Mr. () Mrs. ()	Ms. ()	Other (P	lease spe	cify)	_			
SURNAME								
						_		
FIRST NAME								
	•	•						
OTHER NAMES:								
1. Date of Birth:/ (DD/MM/YYYY)								
2. Sex/Gender: () Male () Female						
3. Country of Birth (inc	luding pr	ovince/st	ate):			_		
4. Country of Citize (2)	enship (if more	than	1, list	all): (1)		

and Caicos Islander Status	LAWS OF TURKS &
ana Caicos Isianaer Siaius	CAICOS ISLANDS

CAP. 5.05 Turks at 44 Reprint: showing the laws as at 31 December 2023

5.	Race/Ethnicity:_	6. L	Languages spoken	,				
7. Principal Address Inside the Turks and Caicos Islands: Contact Number: Emails Address: National Health Insurance Number: National Insurance Number: 8. Full name of parent (s):								
Cont	act Number:							
Natio	onal Health Insuranc	e Number:						
Natio	onal Insurance Numb	ber:						
8.	Full name of pare							
9.	Are you a studen	t or employed?						
() St	udent () Employe	ed () Self-employed						
10.	If you are employ	yed, what is your occi	upation?					
11.	If you are emp	ployed, what is you	ır average annual in	ncome range (in US\$)?				
			passport you have ove ore valid passports list	er the past five years up to all of them.				
Pa	assport Number	Issuing Country	Date of Issue (DD/MM/YYYY)	Expiration Date (DD/MM/YYYY)				
1		Ī						

12. Primary School

PART II

INFORMATION ABOUT YOUR EDUCATION AND SKILLS

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

//_ (DD/MM/YY YY)	Date Completed	_/_/_ (DD/MM/YYY Y)
//_ (DD/MM/YY YY)	Date Completed	_/_/_ (DD/MM/YYY Y)
	(DD/MM/YY YY) () Graduation ()	() Graduation () Transfer () Other (

			() Graduation ()Transfer ()Other (please specify:_					
	Reason for leaving)			
DOST	SECONDARY EDUCATION	(If you	need to n	rovida additional ir	aformation places			
	an additional page.)	(11 you	need to pi	Tovide additional in	normation, piease			
	14. Name of Institution							
·	Address of Institution							
	Country			I	I			
	Date Enrolled		//_ MM/YY	Date Completed	// (DD/MM/YYY Y)			
	Course Pursued							
	Certificate/Diploma/Degree Obtained		sociate ()V	ocational ()Bachel	or's ()Master's			
*If not	completed, state you are still en	ırolled.						
		PAI	RT IIII					
	INFORMATION ABOUT	YOU.	R RESIDE	NCE IN THE ISLA	ANDS			
15.	How long have you been living	g in the	Turks and	Caicos Islands?				
() Und	ler 1 year () 2 to 6 ye	ars						
() 7 to	12 years () 13 to 18	years						
16. If born in the Islands, please provide the immigration status of both parents at the time of your birth.								
Paren	ts Full Name		Status					

17 .	If you are a person applying through section 4(6)(b) or (c) provide information of the
	PRC or Residence Permit holder and information of your endorsement. Attach certified
	copy.

сору.			
Name of Holder (PRC/ Residence Permit)	Date of Issue (DD/MM/YYYY)	Expiry Date((DD/MM/YYYY)	Date of Endorsement (DD/MM/YYYY)
1.			
2.			
3.			

PART IV

INF	ORMATION ABOUT YOUR DEPENDANTS									
18.	What is your Marital Status (Attach appropriate certificate):									
	() Single () Married () Divorced									
19.	If married, please provide the following information regarding your Spouse									
	Name of Spouse (as in the Passport/Identity Card):									
	SPOUSE'S SURNAME:									
	SPOUSE'S FIRST NAME									
	OTHER NAMES:									
20.	Spouse's Date of Birth:/									
	(DD/MM/YYYY)									
21.	Sex/Gender: () Male() Female									
22.	Spouse's Country of Birth (including province/state):									
23.	Spouse's Country of Citizenship (if more than 1, list all):									
(1)_	(2)									
24.	Spouse's Race/Ethnicity:									

48

25 .	Language	es spoke	n	,		· · · · · · · · · · · · · · · · · · ·					
26 .	. Is your spouse presently residing in the Turks and Caicos Islands?										
() Yes		() No									
	f the answe vith you?		ove question is ' () No	'No", do	es your s	pouse in	tend to re	eside in t	he Islands		
28.	Does you	r spouse	e intend to seek	employn	nent in th	e Island	s:				
() Yes		() No									
29 .	What is y	our Spo	ouse's Occupation	on?				_			
30.	What is y	our spo	use's employme	ent status	?						
() Emp	ployed	() Self	employed	() U	nemploy	ved	() Re	tired			
31. It	f vour spoi	ice ic en	nployed, what is	s his/her	average (annual ir	icome ra	nge?			
			0,000 to \$150,00		Č		icome ra	nge.			
		. ,					1.000				
()\$50,	000 to \$74	,,,,,	()\$25,000 to	φ 4 2,222	()u	nder \$24	1,777				
five ye		ate of th	tion pertaining tis application. I	ry	-	ore valid	passport Expira		e required		
				11			1				
			ving information ets as required a					ren unde	r 18 years		
32.	How man	ny childi	en do you have	?							
()3	()2		()1	() o	ther (Spe	cify	_)				
CHILE) 1										
	SURNAI	ME:									

				1			I	
	FIRST NAME							
			Ī	Ī	<u> </u>	<u> </u>	<u> </u>	
	OTHER NAME	S:						
5. 4	= an: 1	, ,						
33.	Date of Birth:							
	·	O/MM/YYYY)						
34.	Sex/Gender: () Male() Female							
35.	Country of Birth (including province/state):							
36.	Country of Citizenship (if more than 1, list all): (1)(2)							
37.	Race/Ethnicity:_							
38.	Languages spoke	n,		_				
() Yes	f your answer to question () No If Yes, what prov	uestion 39 is no	, do you make for	intend fo	or this chi		de in th	e Islands?
() Pub	lic School	() Private Sch	hool					
42.	Intended name ar	nd address of sci	hool:					
over th	list below informate past five years uper required to list A	to the date of the						
	Passport Number	Issuing Countr		Date of I DD/MM	ssue	1	ation D MM/YY	

CHILI	O 2							
	SURNAME:							
								_
	FIRST NAME							
	OTHER NAME	S:						
43.	Date of Birth:	/ /						
			_					
44.	Sex/Gender: () Male() Female							
45 .	Country of Birth	(including prov	ince/state	e):				
46 .	Country of Citize	enship (if more	than 1, lis	st all): (1	l)	(2)	
47 .	Race/Ethnicity:_							
48 .	Languages spoke	en,						
49 .)No	Is the child NAMED ABOVE attending school in the Islands? () Yes (
50.	If your answer to	question 49 is n	ıo, do yoı	ı intend	for this cl	ild to res	side in tl	ne Islands?
	() Yes	() No						
51.	If Yes, what provisions will you make for schooling?:							
() Pub	olic School	() Private Scl	nool					
52 .	Intended name ar	nd address of sc	hool:					
over th	list below informate past five years uper required to list A	p to the date of t	_	_				
	Passport Number	Issuing Count		Date of l	[ssue //YYYY]	-	ration D MM/YY	

PART V Information about your Character 53. Have you ever been arrested? () Yes () No 54. If yes, please state the circumstances of arrest. (Use additional sheet as needed): 55. () Yes () No Have you ever been charged? **56**. If yes, please state the nature of the offence charged. (Use additional sheet as needed): Give the following information in respect of ALL convictions ever recorded against you (use additional sheet as needed): **58**. Have you ever been convicted: () Yes () No __/____/____ If yes, date of Conviction: (DD/MM/YYYY) **59**. Nature of offence: Date of Sentence: (DD/MM/YYYY) Municipality/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 ISE. (Use additional sheet as needed)
63.	Was your spouse ever convicted: () Yes () No
	If yes, date of Conviction:/(DD/MM/YYYY)
64.	Nature of offence:
	centence completed://(DD/MM/YYYY) cipality/City/Country/State/Province/Country where Convicted:
65.	Has sentence been served: () Yes () No
66.	Date sentence completed://
67 .	(DD/MM/YYYY) Is conviction spent: () Yes () No
68.	Date discharged://(DD/MM/YYYY)
69 . Comm	State the names of Turks and Caicos Islanders who will submit references to the nission 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	I/YYYY)
	Date:	/	/
Signature of Parent/ Legal Guardian		DD/MM	I/YYYY)
Declaration by an Agency:			
(Applicable if the Applicant engages th	e services	of an Age	ncv/Agent

I, the undersigned, am the Agency personnel authorised to handle this application.

I have explained the contents of the application and the applicable regulatory conditions of the grant of Turks and Caicos Islander Status, as specified in the Turks and Caicos Islander Ordinance.

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

54	CAP.	5.05

Turks and Caicos Islander Status Reprint: showing the laws as at 31 December 2023

LAWS OF TURKS & CAICOS ISLANDS

Name of the Authorised Agency Personnel	
Signature of Authorised Agent	
Authorised Agency Personnel Cell Number	
Authorised Agent Email Address	
Date://	

APPLICATION DOCUMENT SUBMISSION FORM FOR FORM 2 AND FORM 3

TURKS AND CAICOS ISLANDER STATUS

Documer	nts 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)
	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
Щ	Certificate of Good Health
Ш	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
	: Any other document(s) that the applicant deems may be helpful in ing his application is welcome.
	(X) = to indicate that the document has been submitted with the application.

(SUBSTITUTED BY L. N. 39 OF 2023)