

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:

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.)

56. Primary School			
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: _____)		

57. Secondary School	
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	58.		
Certificate/Diploma/Degree Obtained	59. <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	60.		
Certificate/Diploma/Degree Obtained	61. <input type="checkbox"/> Associate <input type="checkbox"/> Vocational <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate		

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

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

Name of Association	63.	
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:

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

Name of Employer 1			
Job Title			
Key tasks performed	65.		
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	66.		
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		67.	
Country			
Date Started	Employment (DD/MM/YY)	Date Ended	Employment (DD/MM/YYYY)
	__/__/__		__/__/__
Reason Ended		Employment	
Name of Employer 1			
Job Title			
Key tasks performed		68.	
Country			
Date Started	Employment (DD/MM/YY)	Date Ended	Employment (DD/MM/YYYY)
	__/__/__		__/__/__
Reason Ended		Employment	

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:

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.

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.

Signature of Applicant

Date: ____/____/_____
(DD/MM/YYYY)

DECLARATION BY AN AGENCY:

(Applicable if the Applicant engages the services of an Agency/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.

Name of the Authorised Agency Personnel _____

Signature of Authorised Agent _____

Authorised Agency Personnel Cell Number _____

Authorised Agent Email Address _____

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 under eighteen years, and was endorsed on a PRC
- 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 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. Full name of parent (s): _____

9. Are you a student or employed?
() Student () Employed () Self-employed

10. If you are employed, what is your occupation? _____

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

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 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/YYYY Y)
Reason for leaving	<input type="checkbox"/> Graduation <input type="checkbox"/> Transfer <input type="checkbox"/> Other (please specify: _____)		

13. Secondary School			
Name of School			
Address of School			
Country			
Date Enrolled	__/__/__ (DD/MM/YY YY)	Date Completed	__/__/__ (DD/MM/YYYY Y)

Reason for leaving	() Graduation () Transfer () Other (please specify: _____)
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POST SECONDARY EDUCATION (If you need to provide additional information, please attach 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			
Certificate/Diploma/Degree Obtained	() Associate () Vocational () Bachelor's () Master's () Doctorate		

**If not completed, state you are still enrolled.*

PART III

INFORMATION ABOUT YOUR RESIDENCE IN THE ISLANDS

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

- () Under 1 year () 2 to 6 years
() 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.

Parents 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.

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

INFORMATION 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:						
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SPOUSE'S FIRST NAME						
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OTHER NAMES:						
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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: _____

25. Languages spoken, _____, _____
26. Is your spouse presently residing in the Turks and Caicos Islands?
 Yes No
27. If the answer to above question is “No”, does your spouse intend to reside in the Islands with you? Yes No
28. Does your spouse intend to seek employment in the Islands:
 Yes No
29. What is your Spouse’s Occupation? _____
30. What is your spouse’s employment status?
 Employed Self-employed Unemployed Retired
31. 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):

32. How many children do you have?
 3 2 1 other (Specify _____)

CHILD 1

SURNAME:						
----------	--	--	--	--	--	--

FIRST NAME						
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OTHER NAMES:						
--------------	--	--	--	--	--	--

33. Date of Birth: ___/___/___
(DD/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 spoken. _____, _____
39. Is the child NAMED ABOVE attending school in the Islands?
() Yes () No
40. If your answer to question 39 is no, do you intend for this child to reside in the Islands?
() Yes () No
41. If Yes, what provisions will you make for schooling?:
() Public School () Private School
42. 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:						
----------	--	--	--	--	--	--

FIRST NAME						
------------	--	--	--	--	--	--

OTHER NAMES:						
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43. Date of Birth: ____/____/____
(DD/MM/YYYY)
44. Sex/Gender: () Male () Female
45. Country of Birth (including province/state): _____
46. Country of Citizenship (if more than 1, list all): (1)_____ (2)_____
47. Race/Ethnicity: _____
48. Languages spoken. _____, _____
49. Is the child NAMED ABOVE attending school in the Islands? () Yes () No
50. If your answer to question 49 is no, do you intend for this child to reside in the Islands?
() Yes () No
51. If Yes, what provisions will you make for schooling?:
() Public School () Private School
52. 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)

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. Have you ever been charged? Yes No

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

57. 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

Give the following information in respect of all convictions ever recorded against your SPOUSE. (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:

Date sentence completed: ____/____/____
(DD/MM/YYYY)

Municipality/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. _____

Name of the Authorised Agency Personnel _____

Signature of Authorised Agent _____

Authorised Agency Personnel Cell Number _____

Authorised Agent Email Address _____

Date: ____/____/____

(DD/MM/YYYY)

**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)
 - Proof of Education & Skills (certified copies)
 - Proof of residence
 - 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

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.

(SUBSTITUTED BY L. N. 39 OF 2023)