


Office Use Only	Reference No:	Date received	DD MM YYYY	Received by:	
 <p>Turks and Caicos Islands</p>	<p align="center"><b>APPLICATION FOR ENDORSEMENT</b></p> <p align="center"><i>Effective April 1, 2016 (Regulations 16(6), 25(3), 37(2) and 44(2))</i></p> <p align="center"> <input type="checkbox"/> <b>Work Permit</b>  <input type="checkbox"/> <b>Residence Permit</b>  <input type="checkbox"/> <b>Home Owner</b>  <input type="checkbox"/> <b>Permanent Residence Certificate</b> </p>				
<b>Name of Person who has legal status in the TCI</b>					
<b>Names of persons requested to be endorsed</b>		<b>Relationship to You</b>			
<b>Payment Voucher No.</b>					
<p><b>INSTRUCTIONS:</b></p> <p>Please write in BLOCK letters and tick (✓) where relevant.</p> <p>Complete the form in its entirety.</p> <p>Ensure that the required documents are attached.</p>					

#### **ENDORSEMENT OF SPOUSE / CHILDREN TO THE EMPLOYED AND SELF-EMPLOYED APPLICATION**

- (1)- 2 Photos
- (2) -Marriage certificate
- (3) - Copy of spouse / children valid passport (Bio page)
- (4)- Medical (certificate of good health)
- (5) - Police record (valid for six months)
- (6)- In the case of a child police record is need for ten (10) years and older
- (7)- A school letter is need for children (private school)
- (8)- Birth certificate of spouse and child/children
- (9)- The applicant/employer has to demonstrate that the employee's income is sufficient to support him/herself and family in the islands and provide for the registration of the children in a private school.
- (10) - Applications are submitted in the same manner as work permits.
- (11) -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.

#### **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.









**SECTION D**

**CHARACTER DETAILS**

**D1** 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

**D2** 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

**D3** Does **anyone included in this application**, currently have an outstanding arrest warrant in any country?

Yes  No

**D4** 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.

<b>Name of Person:</b>	
<p><b>D5</b> Was the person refused entry, removed or departed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>D6</b> If yes, briefly state the date, the country removed from and the reason for denial or removal.</p>
<p><b>D7</b> Was the person <b>arrested</b>?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>D8</b> If yes, briefly state the reason/circumstance of the arrest.</p>
<p><b>D9</b> Was the person <b>charged</b>?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>D10</b> If yes, please state the nature of the offence charged.</p>
<p><b>D11</b> Was the person <b>convicted</b>?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>D12</b> What was the date/s of conviction? DD MM YYYY</p>

DETAILS ABOUT THE CONVICTION	
<b>D13</b> What was the nature of the offence?	
<b>D14</b> What was the date of sentence?	DD MM YYYY
<b>D15</b> What was municipality/city/county /province/country where convicted	
<b>D16</b> Has the sentence been served?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>D17</b> Date sentence completed:	DD MM YYYY
<b>D18</b> Is the conviction spent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E	DECLARATIONS
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**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



**32** 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

\_\_\_\_\_  
Authorized Agency Personnel Contact Details

Date: DD MM YYYY