Turks and Caicos Islands Name of Applicant Payment Voucher No. INSTRUCTIONS: Please write in BLOCK letters Complete the form in its entire Ensure that the required documents	ety.
Name of Applicant Payment Voucher No. INSTRUCTIONS: Please write in BLOCK letters Complete the form in its entire	□ Spouse of a Turks and Caicos Islander □ Home Owner s and tick (√) where relevant.
Applicant Payment Voucher No. INSTRUCTIONS: Please write in BLOCK letters Complete the form in its entire	ety.
Voucher No. INSTRUCTIONS: Please write in BLOCK letters Complete the form in its entire	ety.
Please write in BLOCK letters Complete the form in its entire	ety.
Kindly indicate the persons for relevant fees:	or whom endorsements are requested and for whom you have paid the
Spouse	
Child 1	
Child 2	
Child 3 (additional sheet requi	

DOCUMENTS AND FEES TO BE ATTACHED TO THE RESIDENCE PERMIT FOR SPOUSE OF BELONGER TEN (10) YEARS

	(1) Completed application form signed by applicant
	(2) Local medical certificate obtained within six months
	(3) Two passport sized photos
	(4) Certified copy of spouse National Turks and Caicos Islander Status Card
	(5) Covering letter from spouse endorsing application
	(6) Marriage certificate (Must be verified of legitimacy through Haitian Consulate)
	(7) Police record (police records are not accepted from Haiti and Dominican Republic).
FE	<u>ES</u>
	(1) Permit fee \$1,500.00
	(2) Non-refundable administrative fee \$150.00
EN	IDORSEMENT OF CHILDREN
	(1) Covering Letter
	(2) Copy of certified birth certificate (translated if required)
	(3) Copies of passport pages showing photo page (Bio page) and entry stamp
	(4) Two passport sized photos – one certified on back
	(5) 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.

DOCUMENTS AND FEES TO BE ATTACHED TO THE RESIDENCE PERMIT APPLICATION

☐ (1) Completed application form signed by applicant

- ☐ (2) Local medical certificate obtained within six months
 ☐ (3) Two passport sized photos (one certified on back of photos
- ☐ (3) Two passport sized photos (one certified on back of photo)
- (4) Covering letter with complete address, email address and telephone contact
- ☐ (5) Financial statement
- ☐ (6) Original police record
- ☐ (7) Letter of undertaking stating applicant will not engage in gainful employment while residing in the islands
- ☐ (8) Passport pages showing:
 - (i) Entry stamp page
 - (ii) Departure stamp page
 - (iii) Photo page

FEES

- ☐ (1) Annual Permit fee \$1,500.00
- ☐ (2) Non-refundable administrative fee \$150.00

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.

A11 Details of all passports held. You are require to give all information as printed in each passport

	PASSPORT 1	Passport 2	Passport 3
Country of Issue			
Passport Number		•	
Family Name			
First/Given name			
Date of Issue	DD MM YYYY	DD MM YYYY	DD MM YYYY
Expiration Date	DD MM YYYY	DD MM YYYY	DD MM YYYY
Place of Issue			

You are required to complete each section below regarding your present and/or previous immigration status in the islands.

Immigration history details for the person to be resident in the Turks and Caicos Islands.

nployer	Job Title/Occupation		
3 Last Permit Number	Date of Issue	Expiration Date	
4 National Health Insurance Number	A15 National Insu	urance Number	
6 Residence Permit Holder Never Re	sided		
7 Permit Number	Date of Issue Ex	piration Date	
	DD MM YYYY	DD MM YYY	
Permit Number	Date of Issue E	xpiration Date	
O Pormit Number	Data of Issue	Evniration Data	
1 Uisitor Dever Visited		and the second s	
In which country are you residing at the time of this application?	Last date of entry into the Turks and Caicos Islands DD MM YYYY	Last date of departure from the Turks and Caicos Islands DD MM YYY	
23 Do you have a pending arbitration/reconci	iliation at the Employment So	ervices Department or	
bour Tribuanl case? Yes No			
19	OR THE PERSON TO BE RESID	DENT	
		DENT	

Telephone Num	ber Email	
Name and addre	ess for communication concerning this application.	
Family/last name	Given/first name	
Company Name	and address (if applicable)	
• • • • • • • • • • • • • • • • • • • •		
Telephone Num	ber Email	
SECTION C	DETAILS FOR SPOUSE OF THE PERSON TO BE RESIDENT	
Name of nerson	(as printed in the Dassport):	
Name of person	(as printed in the Passport):	
	(as printed in the Passport): Mrs. Dr Other (Please specify)	
:: Mr.		
:: Mr.		Photo
		Photo
ily/last name		Photo
ily/last name	Mrs. Dr Other (Please specify)	Photo
ily/last name		Photo
ily/last name	Mrs. Dr Other (Please specify)	Photo
ily/last name	Mrs. Dr Other (Please specify)	Photo Femal
ily/last name	Mrs. Or Other (Please specify) are known by or have ever been known by	
ily/last name	Mrs. Or Other (Please specify) are known by or have ever been known by	
ily/last name ily/last name first names Other names you Date of Birth:	Mrs. Ms. Dr Other (Please specify) are known by or have ever been known by D D M Y Y Y Y Sex/Gender: Male	□ Femal
ily/last name ily/last name first names Other names you Date of Birth:	Mrs. Ms. Dr Other (Please specify) are known by or have ever been known by D D M Y Y Y Y Sex/Gender: Male	□ Femal
ily/last name ily/last name first names Other names you Date of Birth:	Mrs. Ms. Dr Other (Please specify) are known by or have ever been known by D D M Y Y Y Y Sex/Gender: Male	□ Femal
ily/last name ily/last name ily/last name in /first names Other names you Date of Birth:	Mrs. Ms. Dr Other (Please specify) are known by or have ever been known by D D M Y Y Y Y Sex/Gender: Male	□ Femal
ily/last name ily/last name ily/last name in /first names Other names you Date of Birth: Country of Birth (in Country of Citizer Race/Ethnicity:	Mrs. Ms. Dr Other (Please specify)	□ Femal

C12 Details of all passports held. You are require to give all information as printed in each passport

	PASSPORT 1	Passport 2	Passport 3
Country of Issue			
Passport Number			
Family Name		DE RONDESSE	
First/Given name			
Date of Issue	DD MM YYYY	DD MM YYYY	DD MM YYYY
Expiration Date	DD MM YYYY	DD MM YYYY	DD MM YYYY
Place of Issue			

NOTE : ALL APPLICANTS EXCEPT THE SPOUSE OF A TURKS AND CAICOS ISLANDER are required to answer questions C13 to C23.

Previous or current immigration details for the spouse of the person to be resident in the Tur	KS
and Caicos Islands.	

C13 Work Permit Holder	☐ Temporary	□ Annual □	Never Worke	d
Employer		Job	Title/Occupation	on
C14 Last Permit Number		Date	of Issue	Expiration Date
C15 National Health Insurance	ce Number	C16	National Insur	ance Number

C17 Residence Permit Holder	er Resided	
C18 Permit Number	Date of Issue	Expiration Date
	DD MM YYYY	DD MM YYY
C19 Endorsed on ☐ Work Permit ☐ Resid	dence Permit	esidence Cert. (PRC)
C20 Name of Permit Holder	Relationship to you	
C21 Permit Number	Date of Issue	Expiration Date
	ATT LINE PRO	

isited
isit

c23 In which country are you residing at the time of this application?

Last date of entry into the Turks and Caicos Islands DD MM YYYY

Last date of departure from the Turks and Caicos Islands DD MM YYYY

SECTION D

DETAILS FOR DEPENDENT CHILDREN OF THE PERSON TO BE RESIDENT

DEPENDENT CHILD 1
Name of person (as printed in the Passport):
Family/last name Photo
Given /first names
Other names you are known by or have ever been known by
D3 Date of Birth: D D M Y Y Y Y D4 Sex/Gender: D Male
D5. Country of Birth (including province/state):
D6. Country of Citizenship (if more than 1, list all):(1) (2)
D7. Present country of residence
D8. Name of school currently attending.
Details of all passports held. You are require to give all information as printed in each passport

	PASSPORT 1	Passport 2	Passport 3
Country of Issue			
Passport Number			
Family Name			
First/Given name			E TOTAL STATE
Date of Issue	DD MM YYYY	DD MM YYYY	DD MM YYYY
Expiration Date	DD MM YYYY	DD MM YYYY	DD MM YYYY
Place of Issue			

is child is residing in the	Turks and Caicos Islands wh	at is his/her current imm	igration status?
0 Endorsed on □ Wor	k Permit	mit Never Endorse	d
1 Uisitor Neve	er Visited		
Last date of entry into Islands DD MM YYYY		Last date of departure for Caicos Islands DD MM	
2 Are you seeking an er	ndorsement for this child?		
□ Yes □ No	☐ No, I intend t	o do so in a subsequent	application.
PENDENT CHILD 2			
3 Name of person (as	printed in the Passport):		
nily/last name			Photo
ren /first names			
Other names you are l	known by or have ever been	known by	
Date of Birth: D	D M Y Y Y Y	D16 Sex/Gender:] Male □ Fema
. Country of Birth (inclu	ding province/state):		
	(if more than 1, list all):(1)		
		(21	
Present country of resi	dence		
Name of school curren	tly attending		
Details of all passports	held. You are require to give	e all information as print	ed in each passport
	PASSPORT 1	Passport 2	Passport 3
Country of Issue			
Passport Number			
Family Name			
First/Given name			
Date of Issue	DD MM YYYY	DD MM YYYY	DD MM YYYY
Expiration Date	DD MM YYYY	DD MM YYYY	DD MM YYYY
Place of Issue			

22 If this child is residing in the	Turks and Caicos Islands wi	nat is his/her currer	nt immigration status?
3 Endorsed on D Work Perm	it 🛘 Residence Permit	☐ Never Endorsed	
4 🗆 Visitor 🗆 Never Visite	d		
Last date of entry into the To DD MM YYYY	urks and Caicos Islands	Last date of depa and Caicos Island	rture from the Turks s DD MM YYY
Are you seeking an endorse	ment for this child ?		
☐ Yes ☐ No	☐ No, I intend to do so in	a subsequent appli	cation.
6 Are you separated or divorce	ed from the parent of any o	f the children in thi	s application?
☐ Yes ☐ No			
SECTION E EDUCATION A	ND OCCUPATION OF THE P	FRSON TO BE DESIG	CENT
additional page.) Name of Institution 1			
Address of Institution	****		
Country			
Date Enrolled	DD MM YYYY	Date Completed	DD MM YYYY
Course Pursued			
Certificate/Diploma/Degree Obtained	☐ Associate ☐ Vocational	□ Bachelor's □ M	laster's 🗆 Doctorate
Name of Institution 2	(15)		
Address of Institution			
Country			
Date Enrolled	DD MM YYYY	Date Completed	DD MM YYYY
Course Pursued			

Name of As	sociation			
Address of I	nstitution	Later College - William College (III)		
Country		Date of Membership	DD MM YYY	Υ
				112012
Name of As	sociation			
Address of	Institution			
Country		Date of Membership	DD MM YYY	Υ
ECTION F	CHARACTER I	DETAILS		729
or ANY offe	nce, including any driving or cation, ever been: arrested?	ffence, has the person to be en	nployed, or anyon	e inc
or ANY offe n this applic	nce, including any driving o	ffence, has the person to be en o o o o	nployed, or anyon	e inc
or ANY offe 1 this appli	nce, including any driving or cation, ever been: arrested? Yes No charged? Yes Testing Ye	ffence, has the person to be en o o o o		e inc
or ANY offe 1 this appli	nce, including any driving or cation, ever been: arrested? Yes No charged? Yes Convicted? Yes Convicted?	ffence, has the person to be en o o o o o o o o o o o o o o o o o o o		e inc
n this appli	nce, including any driving of cation, ever been: arrested? Yes No charged? Yes Convicted? Yes Convicted? Yes Convicted? Yes Convicted?	ffence, has the person to be end of the control of		ee inc
or ANY offe this applications or ANY offe	nce, including any driving or cation, ever been: arrested? Yes No charged? Yes Convicted? Yes Convicted? Anyone	ffence, has the person to be end No No No ne included in this application		ee inc
or ANY offe this application of ANY offe Does anyo	nce, including any driving or cation, ever been: arrested? Yes No charged? Yes Yes convicted? Yes convicted? Area under investigation? wanted for questioning?	ffence, has the person to be en	currently:	
or ANY offer this application of ANY offer ANY offer Does anyo country?	nce, including any driving or cation, ever been: arrested? Yes No charged? Yes Yes convicted? Yes convicted? Area under investigation? wanted for questioning?	ffence, has the person to be en	currently:	
or ANY offer this application of ANY offer ANY offer ANY offer Does anyo country?	nce, including any driving of cation, ever been: • arrested? Yes No • charged ? Yes • convicted? Yes nce, in any country, is anyounder investigation? wanted for questioning? facing charges? ne included in this application	ffence, has the person to be en	currently: ding arrest warrant	: in a

If your response to any of the above is Yes, provide details below. Insert a new sheet for each person where required.

Name of Person:		
F5 Was the person refused entry, removed or departed?	F6 If	yes, briefly state the date, the country removed om and the reason for denial or removal.
□ Yes □ No		
F7 Was the person arrested?	F8 If	yes, briefly state the reason/circumstance of the
□ Yes □ No		
F9 Was the person charged?	F10 If	yes, please state the nature of the offence ed.
Li res Li No		
F11 Was the person convicted?	F12 V YYYY	Vhat was the date/s of conviction? DD MM
☐ Yes ☐ No		
DETAILS ABOUT THE CONVICTION		
F13 What was the nature of the offen	ice?	
F14 What was the date of sentence?		DD MM YYYY
F15 What was municipality/city/cou	nty	
/province/country where convicted		
F16 Has the sentence been served?		☐ Yes ☐ No
F17 Date sentence completed:		DD MM YYYY
F18 Is the conviction spent?		☐ Yes ☐ No

	le to sustain yourself (and family) in the Turks and Caicos Islands without ployment here?
	□ Yes □ No
	nding in US dollars do you have available to maintain yourself (and family) in the cos Islands annually.
□ less than	n \$75 - \$150,000
What is the so	ource of your income?
Tick the living	accommodation that applies.
	e living in a rented apartment/condominium/.house
☐ I own my o	own home be living with relatives or a friend
G5 Please indicat	e the length of time you will be spending in the Turks and Caicos Islands each
	Less than 6 months G-12 months
SECTION H	SPOUSE OF A TURKS AND CAICOS ISLANDER
H1 What is the	date of your marriage?
H1 What is the	date of your marriage?/
selbert in hemise	Day Month Year
ROTEST NO TECHNO	
H2 In which cou	Day Month Year untry did the marriage take place?
select of temp	Day Month Year
H2 In which cou	Day Month Year untry did the marriage take place?
H2 In which cou	Day Month Year untry did the marriage take place?
H2 In which cou SECTION I	Day Month Year untry did the marriage take place? HOME OWNER itle number of your home/ property?
H2 In which cou SECTION I	Day Month Year untry did the marriage take place? HOME OWNER
H2 In which courselves In which the co	Day Month Year untry did the marriage take place? HOME OWNER itle number of your home/ property? e you owned it?
SECTION I What is the ti How long hav	Day Month Year untry did the marriage take place? HOME OWNER itle number of your home/ property? e you owned it? home \$
H2 In which courselves In which the which courselves In which courselves In which the	Day Month Year untry did the marriage take place? HOME OWNER itle number of your home/ property? e you owned it? home \$ e
SECTION I What is the ti How long hav Value of the I Type of hom	Day Month Year untry did the marriage take place? HOME OWNER itle number of your home/ property? e you owned it? condominium
SECTION I I1 What is the ti I2 How long hav I3 Value of the	Day Month Year untry did the marriage take place? HOME OWNER itle number of your home/ property? e you owned it? home \$ e

DECLARATIONS

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

J2 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

Date: DD MM YYYY

Authorized Agency Personnel Contact Details