SAINT LUCIA

STATUTORY INSTRUMENT, 2016, No. 3

ARRANGEMENT OF REGULATIONS

Regulation

- 1. Citation and commencemnt
- 2. Interpretation
- 3. Amendment of Schedule 5

SAINT LUCIA

STATUTORY INSTRUMENT, 2016, No. 3

[4th January, 2016]

In exercise of the power conferred under section 40 of the Citizenship by Investment Act, No.14 of 2015, the Minister to whom the Citizenship by Investment Programme is assigned makes these Regulations:

Citation and commencement

1. (1) These Regulations may be cited as the Citizenship by Investment (Amendment) Regulations, 2016.

(2) These Regulations shall be deemed to have come into force on the 1st day of January, 2016.

Interpretation

2. In these Regulations "principal Regulations" means the Citizenship by Investment Regulations, No. 89 of 2015.

Amendment of Schedule 5

3. Schedule 5 to the principal Regulations is amended-

(a) by deleting Form 1 and substituting the following-

"FORM 1



Citizenship by Investment Programme Application for Authorised Agent Licence (Please submit application in electronic and printed form).

Please read the following explanatory notes carefully.

I. In accordance with section 31 of the Citizenship by Investment Act, No. 14 of 2015, the Citizenship by Investment Unit ("the Unit") shall appoint authorised agents who will be licensed to submit applications for

Citizenship by Investment on behalf of applicants to the Citizenship by Investment Programme ("CIP").

- II. The Unit shall appoint authorised agents whose professional qualifications, ability, resources, expertise, integrity and/or conduct conform to the guidelines issued by the Unit.
- III. The guidelines for authorised agents are attached. Please review them carefully before submitting an application.

IV. Applicants applying as individuals

- a. Need not complete Sections 2, 3 and 8
- b. Must provide original copies of the following document EXCEPT where stated otherwise:
 - Two of the IDs detailed in Section 1 (Certified Copies).
 - Academic and professional certificates (Certified Copies)
 - Curriculum Vitae
 - Income Tax Clearance Certificate
 - NIC Clearance Certificate
 - Statutory Declaration (See Attachment 1A)

V. Applicants applying as a company:

- a. Need not complete Section 3
- b. Must provide:
 - Certificate of Incorporation
 - Articles of Incorporation
 - Notice of Directors (notice of a change of directors or shareholders must be submitted immidately to the Unit)
 - Notice of Company's Registered Office in Saint Lucia
 - Articles of Continuation or Bye-Laws (if applicable)
 - Income Tax Clearance Certificate
 - NIC Clearance Certificate
 - Audited financial statement for the period immediately preceding the application

VI. Applicants applying as a partnership:

- a. Need not complete Sections 2 and 8
- b. Must provide:
 - Certificate of Registration

- Income Tax Clearance Certificate
- NIC Clearance Certificate
- Audited financial statement for the period immediately preceding the application

1. APPLICANT INFORMATION

1.1 Full Name

Last name

First name

Other	name(s)

1.2 Address

Permanent address

City Zip Code

Country

1.3 Contact Details

Home phone

Cell phone

Work phone

Facsimile

Email address

1.4 Identification:

Social Security Number (SSN):

Please provide a copy of the ID for which you have provided the details:

National ID Card Number

Exp. Date (DD-MM-YY)

Passport Number

Driver's Licence Number

Exp. Date (DD-MM-YY)

Exp. Date (DD-MM-YY)

1.5 Are you a resident of Saint Lucia?

Yes		

_	
1	
1	
1	
No	

If yes, how long have you been a resident? (YEARS, MONTHS)

If no, which country or countries are you a resident of?

2. COMPANY INFORMATION

2.1 Name of entity

2.2 Company number

2.3 Incorporation date (DD-MM-YY) 2.4 Country of incorporation:

2.5 Registered address

2.6 **Type of company** (business activity or purpose)

2.7 **Business address** (if different from 2.5 above)

Address:

City Zip Code

Country

Address: City Zip Code Country Country Country **2.9 Business contact information** Telephone Facsimile E-mail address Website

2.8 Business mailing address (if different from 2.7 above)

3. PARTNERSHIP INFORMATION

3.1 Business name

3.2 Registration number

3.3 Country of registration

3.4 **Type of partnership** (business activity or purpose)

3.5 Business Address Address: City Zip Code Country 3.6 Business mailing address (if different from 3.5 above) Address: Zip Code City Country 3.7 Business contact information Telephone Facsimile E-mail address Website

4. AUTHORISED REPRESENTATIVE

(Please complete for the person who is authorised to accept service of process and any notices required to be served on it on behalf of the applicant)

4.1 Full Name

Last name

Given name(s)

Other name(s)

4.2 Address

Business address

City

Zip Code

Country

4.3 Contact Details

Telephone

Facsimile

Email address

Website

5. AUTHORISED REPRESENTATIVE – ALTERNATIVE

(Please complete for the person who is authorised, in the absence of the person named in 4 above, to accept service of process and any notices required to be served on it on behalf of the applicant)

5.1 Full Name

Last name	Given name (s)
Other name(s)	
5.2 Address Business address	
City	Zip Code
Country	
5.3 Contact Details	
Telephone	Facsimile
Email address	Website

6. ATTORNEY-AT-LAW (If any)

6.1 Full Name

Last name

Given name(s)

Other name(s)

6.2 Address

Business address

City

Zip Code

Country

6.3 Contact Details

Telephone

Facsimile

Email address

Website

7. CHARTERED ACCOUNTANT

7.1 Full Name

Last name

Given name(s)

Other name(s)

7.2 Address

Business address

City

Zip Code

Country

7.3 Contact Details

Telephone

Facsimile

Email address

Website

8. SUBSIDARY COMPANY INFORMATION (if applicable)

(Please provide details of the subsidiary companies of the Authorised Agent where the Authorised Agent is a Company. Attach additional sheets if required)

Company 1

Name

Address:

Statement of Capital

Company 2 Name

Address:

Statement of Capital

The undersigned hereby affirms that the information contained in this application is true and accurate as of the date shown below and the undersigned is authorised to execute this application.

This day of

, .

APPLICANT

Name

SIGNATURE

(b) by deleting Form 2 and substituting the following-

"FORM 2

SAINT LUCIA IN THE MATTER of Statutory Declarations Act, Cap 2.14

> Form 1 Attachment 1A

STATUTORY DECLARATION

I, residing at in the quarter of

do solemnly and sincerely declare as follows:

- 1. That I am a citizen of
- 2. That save the exception of a minor traffic offence, I have never been convicted of an offence under the Laws of Saint Lucia or of any other State.
- 3. That I am of good character.
- 4. That I have never been the subject of any refusal of any related application for registration, licence, recognition or authorization by any regulatory authority in any country or jurisdiction.
- 5. That I have never been the subject of any suspension, cancellation or revocation of registration, licence, recognition or authorization by any regulatory authority in any country or jurisdiction.
- 6. That no judgement has been rendered against me nor any suit or proceedings are pending against me in any country or jurisdiction which has been based in whole or in part on fraud, theft, deceit, misrepresentation or similar conduct.
- 7. I have never been charged, indicted or convicted in any country or jurisdiction for any offence in any criminal or civil proceedings relating to fraud or theft arising out of operating or dealing in mutual funds, collective investments schemes/funds, securities, banking or insurance business.

- 8. I have never been declared bankrupt nor have I been a party to bankruptcy or insolvency proceedings.
- 9. I have never been a subject of proceedings relating to winding-up, dissolution, creditors' arrangement, creditors' compromise or receivership.

I make this Declaration conscientiously believing the same to be true and in accordance with the Statutory Declaration Act, Cap. 2.14, and I am aware that if there is any statement in this Declaration which is false, or which I know to be false or do not believe to be true, I am liable to imprisonment.

DECLARED before me

this day

Notary

Declarant";

(c) by deleting Form 3 and substituting the following-

"FORM 3



Application for Authorised Agent Licence Director's and/or Partner's Profile

(Please complete Attachment 1B for each director of partner in your company. Attach additional copies on separate sheets as required.)

Form 1
Attachment
1B

For each director or partner listed, please provide original copies of the following documents EXCEPT where stated otherwise:

- Two of the photo IDs detailed in 1B5 (Certified Copy)
- Curriculum Vitae
- Income Tax Clearance Certificate
- Academic and professional certificates (Certified Copy)
- A reference letter from a banker
- NIC Clearance Certificate

- Work permit or CARICOM Skills Certificate (if applicable)
- Police certificate valid within the last six months
- A certificate of good standing from a professional body to which he/she belongs or a reference letter from an independent professional

1B1. Full Name

Last name

First name

Other

1B2. Nationality

1B3. Date of Birth (DD-MM-YY

1B4. Address

Permanent

City

Zip Code

Country

1B5. Contact Details

Home phone

Cell phone

Work phone

Facsimile

Email address			
1B6. Identificat Social Security			
National ID Ca	ard Number	Exp. Date (DI	D-MM-YY)
Passport Num	ber	Exp. Date (DI	D-MM-YY)
Driver's Licen	ce Number	Exp. Date (DI	D-MM-YY)
1B7. Occupat	ion:		
Employed	Self-Employed	Retired	Unemployed
Profession (if re Name of Compa	tired give details of my	past occupation)	
Last position he	ld		
City		Zip Code	

Country

1B8. Is the director/partner a resident of Saint Lucia?



If yes, how long has he/she been a resident of Saint Lucia? (YEARS MONTHS)

If no, which country or countries is he/she a resident of?

1B9. Has he/she ever been convicted of a felony?



1B10. Provide evidence of eligibility to work in Saint Lucia?

Yes		No	
]]";

(d) by deleting Form 4 and substituting the following-

"FORM 4



Application for Authorised Agent Licence Shareholder's Profile

(Please complete Attachment 1C for each shareholder in your company. Attach additional copies on separate sheets as required).

Form 1 Attachment 1C

For each shareholder listed, please provide original copies of the following documents EXCEPT where otherwise stated:

- Two of the photo IDs detailed in 1C4 (Certified Copy)
- Income Tax Clearance Certificate
- Police certificate valid within the last six months A reference letter from a banker
- · Academic and professional certificates (Certified Copy)
- Curriculum Vitae

 - NIC Clearance Certificate

1C1. Full Name

Last name	 First name	
Other		

1C2. Address

Permanent

City

Zip Code

Country

1C3. Contact Details

Home phone

Work phone

Cell phone

Facsimile

Email address

1C4. Identification:

Social Security Number (SSN):

National ID Card Number

Passport Number

Driver's Licence Number

Exp. Date (DD-MM-YY)

Exp. Date (DD-MM-YY)

Exp. Date (DD-MM-YY)

1C5. Number of shares held

1C6. Other major interests

1C7. Is the shareholder a resident of Saint Lucia?

No

Yes



If yes, how long has he/she been a resident? (YEARS, MONTHS)

If no, which country or countries is he/she a resident of ?

(e) by deleting Form 5 and substituting the following -

"FORM 5



Citizenship by Investment Programme Application for Authorised Agent Licence Promoter's Profile

(Please complete for promoter or any other person acting on behalf of or in conjunction with the authorised agent. Attach copies on separate sheets as required).

Form 1 Attachment 1D

For each promoter or any other person listed, please provide original copies of the following documents **EXCEPT** where stated otherwise:

- Two of the photo IDs detailed in 1D4 (Certified Copy)
- Academic and professional certificates (Certified Copy)
- Curriculum Vitae
- Police certificate valid within the last six months

In the case where the individual (other than the promoter) is NOT a citizen or permanentresidentofSaintLucia, provide proof of eligibility towork in SaintLucia. This includes, but is not limited to a work permit or a CARICOM Skills Certificate.

1D1. Full Name

Last name

First name

Other

1D2. Address

Permanent address

City	Zip Code
Country	
1D3. Contact Details	
Home phone	Cell phone
Work phone	Facsimile
Email address	
1D4. Identification: Social Security Number (SSN):	
National ID Card Number	Exp. Date (DD-MM-YY)
Passport Number	Exp. Date (DD-MM-YY)
Driver's Licence Number	Exp. Date (DD-MM-YY)

1D5. Occupation:

Employed

Self-Employed

U

Unemployed



Retired



Profession (if retired give details of past occupation) Name of Company

Last position held

City

Zip Code

Country

1B6. Is the promoter a resident of Saint Lucia?

Yes

0		

If yes, how long has he/she been a resident? (YEARS, MONTHS)

If no, which country or countries is he/she a resident of?

(f) by deleting Form 7 and substituting the following-

"FORM 7 CITIZENSHIP BY INVESTMENT IN SAINT LUCIA AUTHORISED AGENT (Citizenship by Investment Act: Section 31)

I hereby certify that

(Name of licensee) has this day

(Date of grant of licence) been registered and duly licensed as a

Authorised Agent

under the Citizenship by Investment Act, No. 14 of 2015 in the State of Saint Lucia.

Authorised Signature";

(g)by deleting Form 8 and substituting the following-

"FORM 8

CITIZENSHIP BY INVESTMENT IN SAINT LUCIA PROMOTER

(Citizenship by Investment Act: Section 31)

I hereby certify that

(Name of licensee) has this day

(Date of grant of licence) been registered and duly licensed as a

Promoter

under the Citizenship by Investment Act, No. 14 of 2015 in the State of Saint Lucia.

.....

Authorised Signature";

(h) by deleting Form 9 and substituting the following-

"FORM 9

CITIZENSHIP BY INVESTMENT IN SAINT LUCIA

MARKETING AGENT

I hereby certify that

(Name of licensee) has this day

(Date of grant of licence) been registered and duly licensed as a

Marketing Agent

under the Citizenship by Investment Act, No. 14 of 2015 in the State of Saint Lucia.

Authorised Signature";

(i) inserting immediately after Form 9 the following -



SL1

General Information:

The form entitled Document Checklist defines the requirements regarding the nature, format and translation of documents that you must send to the Citizenship by Investment Unit ("the Unit"). This form MUST be attached to your application for citizenship by investment. Only the principal applicant must fill it out, even if he/she is accompanied by a spouse or dependent.

The list of documents in this form is not exhaustive. The Unit may at any time ask the applicant to present other documents to determine if he or she meets the requirements of the Citizenship by Investment Act, No. 14 of 2015 ("the Act") and the Citizenship by Investment Regulations, No. 89 of 2015 ("the Regulations").

Instructions:

The application is submitted in a single step.

- 1. Place your proof of payment as the first document in your submission. Please refer to the attached Bank Account Information for details on how to make the payment of fees.
- 2. Organise all your documents in the same order as listed in the Document Checklist SL1 and identify them with a tab bearing the corresponding number from the list. If, in exceptional cases, an applicant cannot submit a document that applies to his/her situation, provide a substitute document and enclose an explanation. The substitute document and the explanation must be inserted in place of the document that they replace. If a substitute document cannot be presented, you MUST give a detailed explanation.
- 3. Check the box corresponding to each document that you are submitting and attach this Document Checklist SL1 to your application. N/A (not applicable) indicates that you do not need to submit this document.
- 4. Collect all requested documents in the required format (original or certified true copy).
- 5. Before sending the application, make sure to:
 - keep a photocopy of all the documents that are submitted.
 - ensure that all the forms and declarations submitted are dated and signed.
 - place the printed application in a sealed envelope, in the same order as listed on the Document Checklist.
 - address the sealed envelope to:

ATT: Chief Executive Officer Citizenship by Investment Unit 5th Floor Francis Compton Building Waterfront Castries, Saint Lucia.

6. Ensure the application is hand delivered by an authorised agent in a sealed envelope, to the address above.

Document Requirements:

Format of Documents:

Documents submitted in their original language must be in the required format; original or certified true copy. A non-conforming format may result in the rejection of the application or its return to the sender. Certified true copies must be of excellent quality or else they will be deemed inadmissible.

Authenticated Translation:

If you submit documents or parts of documents in a language other than English, you MUST provide:

- the document is in its original language, in the required format (original or certified true copy); AND.
- an authenticated translation to the English language.

An 'authenticated translation' means a translation effected by either a professional translator who is officially accredited to a court of law, a government agency, an international organization or similar official institution, or if effected in a country where there are no official accredited translators, the Unit will accept a translation effected by a company whose role or business is effecting professional translations.

- a translation of the seal, where the document is written in English but includes a seal or signature in another language.
- a copy of the translator's credentials or professional certification to accompany the translated documents.

Verification and Investigation:

Be advised that the Unit will:

- verify the accuracy of information provided or have it verified by third parties. It is an offence under the law to knowingly give the Unit any information that you know or should have known to be false or misleading in relation to your application for citizenship by investment.
- reject any application that contains false or misleading information or documents.

• cause your citizenship to be revoked if it was issued on the strength of an application containing false or misleading information or documents OR omitted or concealed formation under section 38 (1) of the Act.

PLEASE COMPLETE THE FOLLOWING AND INCLUDE THE COMPLETED CHECKLIST IN YOUR SUBMISSION

Only you, as the principal applicant, must indicate your identify. Write your family name and first name in block letters.	→	Principal applicant First name Last name Date of Birth (DD/MM/YY)
A spouse means an individual of the opposite sex to the applicant who is legally married to the applicant and in the case of legal polygamy, "spouse" shall mean first husband or wife.	\rightarrow	Is your spouse accompanying you?YesNo Are any other qualifying dependents accompanying you?YesNo If yes, how many?

			Required Format	Principal Applicant	Spouse	Qualifying Dependent
Please see attached the Banking Details for depositing the processing and due diligence fees.	1.	Proof of payment of non-refundable processing and due diligence fees.	Original		N/A	N/A
	2.	Document Checklist (SL1)	Original			
	3.	Use of Authorized Agent Form (SL2)	Original		N/A	N/A
	4.	Statement of Alternative Citizenship (SL3)	Original		N/A	N/A
	5.	Investment Confirmation Form (SL4)	Original		N/A	N/A
	6.	Application for Registration as a Citizen of Saint Lucia (SL5)	Original			
	7.	Excerpt of full birth record. OR Certified copy of full birth certificate (i.e. a birth document that also includes your parents' details, or a household register, family book, etc).	Certified Copy Certified Copy			

			Required Format	Principal Applicant	Spouse	Qualifying Dependent
ONLY applicants who have had a name change are required to provide this supporting document.	8.	Proof of name change (if applicable) (e.g deed poll, adoption papers, etc)	Certified Copy			
	9.	Certificate(s) of Citizenship (if applicable)	Certified Copy			
	10.	Permanent resident card or certificate.	Certified Copy			
You must submit for anyone who has served in the military or armed forces for any period of time.	11.	Military record(s).	Certified Copy			
For children who are below the age of 18 years or where a qualifying dependent is physically or mentally challenged and cannot write, please insert N/A in the field specimen signature.	12.	Photograph and Signature Certificate (SL6)	Original			

		Required Format	Principal Applicant	Spouse	Qualifying Dependent
13.	Six (6) passport- sized, colour photos of yourself taken within the last six months. The photos MUST be: • a full front close- up view of the head and shoulders with the head covering 70% to 80% of the photograph, ears showing and hairline visible above the forehead. • taken without sunglasses. Tinted prescription glasses may be worn as long as eyes are still visible showing you looking straight at the camera, your eyes open, no hair in your eyes and without hair covering except in the case of religious head covering. • taken against a plain white background without shadows. • taken with a neutral expression (no laughing or frowning) with your mouth closed. • a true image which has not been altered in anyway				

			Required Format	Principal Applicant	Spouse	Qualifying Dependent
		45 mm in size, of good quality color and on high quality paper the same in all aspects with two of the photos certified to be a true likeness of the bearer. One of the non- certified photos				
		must be affixed to the Medical Examiner Declaration (SL6)				
	14.	National identity card(s) (if applicable).	Certified Copy			
	15.	Copy of ALL pages of your current passport(s)	Certified Copy			
Examples of proof of residential address include: Certified copy of a recent utility bill OR Bank statement showing full name and address.	16.	One (1) document of proof of residential address valid within the last 3 months immediately preceding the submission of the application.	Certified Copy /Original		N/A	NA
You must submit for the principal applicant and the spouse.	17.	Certified copy of marriage record or marriage certificate(s) (if applicable).	Certified Copies			

			Required Format	Principal Applicant	Spouse	Qualifying Dependent
You must submit for the principal applicant and spouse.	18.	Certified copy of divorce decree (if applicable)	Certified Copies			
You must submit for the principal applicant and every qualifying dependant who is 18 years and over.	19.	Curriculum Vitae	Original			
	20.	Professional reference (e.g. from an attorney- at-law, chartered accountant or other professional of similar standing) valid within the last 6 months immediately preceding the submission of the application.	Original		N/A	N/A
	21.	Bank reference letter issued by an internationally recognised bank valid within the last 6 months immediately preceding the submission of the application.	Original		N/A	N/A
	22.	Sworn affidavit declaring financial resource of a minimum of US \$3,000,000 - SL7	Original		N/A	N/A

			Required Format	Principal Applicant	Spouse	Qualifying Dependent
	23.	Sworn affidavit of support of your spouse and each other qualifying dependent - SL8	Original		N/A	N/A
You must submit for the principal applicant and every qualifying dependent who is 18 years and over.	24.	Professional and academic certificates	Certified Copies			
In the event that you are unable to obtain a police certificate, please provide an explanation here. Police certificates are NOT required for qualifying dependants below the age of 16 years	25.	Police certificate from country of birth, and from any other country in which you have resided for a period of at least one year during the 10 years immediately preceding the submission of the application for citizenship by investment. • The police certificate should be no more than 6 months old.	Original			
	26.	Certified copy of your current and expired visas.	Certified Copy			
	27.	Medical Examiner Details and Declaration (SL9)	Original			

		Required Format	Principal Applicant	Spouse	Qualifying Dependent
28.	Official transcripts or written confirmation from a recognised school, university or college of a qualifying dependent who is between the ages of 18 years and 25 years and enrolled at that school, university or college at the time of submitting the application.	Original		NA	NA
29.	Custody or legal guardianship records.	Certified Copy			
30.	Statutory declaration of a non-accompanying parent of a qualifying dependant below the age of 18 years, indicating that he or she has no objection to his or her child acquiring Saint Lucian citizenship.	Original			
31.	A certified copy of a photo ID of a non- accompanying parent bearing his or her signature.	Certified Copy			



Citizenship by Investment Programme

Use of Authorised Agent Form

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2

General Information:

Authorised agents are parties who have provided advice and guidance to you prior to the submission of your application, and are the only persons who may submit an application and subsequently act on your behalf with the Citizenship by Investment Unit of Saint Lucia.

The authorised agent must maintain a place of business in Saint Lucia and must be licensed. Your authorised agent will be able to provide you with the information requested on this form (such as license number).

You may choose to work with ANY licensed authorised agent. Please note that ONLY the Citizenship by Investment Board can approve your application for Saint Lucian citizenship. No other person, agent, agency or organization can guarantee the approval of your application.

Section A: Your Personal Details

A1. Surname or Family Name (as shown on birth certificate)		A2. First or Given Name(s) (as shown on birth certificate)	
A3. Place of birth	A4. Country of Birth	A5. Date of birth DD/MM/YYYY A6. Gender	
A7. Current residen	tial address	A8. Passport details – Iss passport number	uing country and

- I authorize the following individual or entity to serve as my authorised agent and to act on my behalf with the Citizenship by Investment Unit of Saint Lucia.
- I authorize the Citizenship by Investment Unit of Saint Lucia to release information from my case file and that of my dependent children to my authorised agent as may be necessary. The authorization is in accordance with the Data Protection Act, Cap. 8.18.
- I am aware that any information which would be subject to exemption, if I had the right of access under the Data Protection Act, Cap. 8.18, will likely not be released.

Place and date	Signature of principal applicant
----------------	----------------------------------

Section B: Authorised agent Details This section MUST be completed by the authorised agent.

Name of authorised agent.	Authorised agent licence number.
Address in full.	Business telephone number
Mobile telephone number	Email address
Promoter who referred applicant (please write N/A if you did not get a referral)	Promoter licence number.

Place and Date	Signature of Authorised agent
----------------	-------------------------------

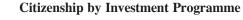
Citizenship by Investment Programme

Statement of Alternative Citizenship

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3	

Please provide a detailed explanation of the reason(s) you are seeking to obtain an alternative citizenship and the reason(s) why you have opted for Saint Lucian citizenship in particular.

Place and date	Signature of principal applicant
I lace alle uale	j signature or principal applicant







Investment Confirmation Form

General Information:

This investment confirmation form is to be completed in English by the principal applicant ONLY.

A. Citizenship by Investment Criteria

A qualifying investment under the Citizenship by Investment Programme shall satisfy at least a minimum investment in:

	Investment Options	Minimum qualifying investment (all amounts in USD)
1.	The Saint Lucia National Economic Fund	\$200,000
2.	An Approved Real Estate Project	\$300,000
3.	An Approved Enterprise Project	\$3,500,000 or \$6,000,000
4.	The purchase of Government Bonds	\$500,000

The minimum investment for each category of qualifying investment is in accordance with Schedule 2 of the Citizenship by Investment Regulations, No. 89 of 2015.

Please complete only ONE of sections 1-4, according to the type of investment you are making and whether you are applying with a spouse or other qualifying dependant.

Surname of Family Name (as shown on birth certificate)		First or Given Name(s) (as shown on birth certificate)		
Place of birth Country of Birth		Date of birth DD/MM/YYYY	Gender	
Current residential a	Current residential address		Passport details – Issuing country and passport number	

B. Principal Applicant Details

C. Please list the details of your spouse/dependents to be included in this application

Last name (surname)	First name (Given name)	Date of birth (dd/mm/yyyy)	Relationship to principal applicant

D. Please select one of the four investment options in support of your application for Citizenship by Investment, Saint Lucia.

I choose to invest in the Saint Lucia National Economic Fund (Minimum investment of US \$200,000)

Details	Minimum investment amount (All amounts in USD)
Applicant applying alone	\$200,000
Applicant applying with spouse ONLY	\$235,000
Applicant applying with spouse and up to two (2) other qualifying dependents	\$250,000
Each additional qualifying dependent of any age	\$25,000 each
TOTAL INVESTMENT AMOUNT	

I choose to invest in an approved real estate project. (Minimum investment of US \$300,000)

Details	Minimum investment amount (All amounts in USD)	Administrative Fees (All amounts in USD)
Applicant applying alone	\$300,000	\$50,000
Each qualifying dependent 18 years and over	-	\$35,000 each
Each qualifying dependent below 18 years	-	\$25,000 each
TOTAL INVESTMENT AMOUNT		

Real Estate Project (as per the name listed by the Citizenship by Investment Unit)

Name and Number:

Purchase Price (in USD)

I choose to invest in an approved enterprise project. (Minimum investment of US \$3,500,000)

Details	Minimum investment amount (All amounts in USD)	Administrative Fees (All amounts in USD)
Applicant applying alone	\$3,500,00	\$50,000
Applicant applying as a joint venture	\$6,000,000 (each applicant MUST invest a minimum of \$1,000,000)	\$50,000 each
Each qualifying dependent 18 years and over	-	\$35,000 each
Each qualifying dependent below 18 years	-	\$25,000 each
TOTAL INVESTMENT AMOUNT		

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Enterprise Project (as per the name listed by the Citizenship by Investment Unit)

Name and Number:

Purchase Price (in USD)

In the case of a joint venture, list the names of all the business partners

I choose to invest in the purchase of government bonds (minimum investment of \$500,000)

Details	Minimum investment amount (All amounts in USD)
Applicant applying alone	\$500,000
Applicant applying with spouse ONLY	\$535,000
Applicant applying with spouse and up to two (2) other qualifying dependents	\$550,000
Each additional qualifying dependent of any age	\$25,000 each
TOTAL INVESTMENT AMOUNT	

E. Investment Declaration

I, the undersigned, ______, hereby confirm that I will invest the amount declared above, to be considered my investment which makes me eligible for Citizenship by Investment in Saint Lucia under the Citizenship by Investment Act, No. 14 of 2015.

Citizenship by Investment Programme



Application for Saint Lucian

Citizenship



General Information:

Please read the following explanatory notes carefully before completing your application form:

- 1. This form is to be used for making an application to be registered as a citizen of Saint Lucia under section 30 of the Citizenship by Investment Act, No.14 of 2015.
- 2. All applications must be submitted by a licensed authorised agent.
- 3. This form is to be completed in English and must be submitted in BOTH electronic and printed form.
- 4. If more than one person applies, either as a couple or as a family, one form for each person (**including children**) is to be completed.
- 5. This form **MUST** be completed by the principal applicant, as well as each accompanying qualifying dependent.
- 6. Where indicated, each form should be signed personally except in the case of a child below the age of 18 years or where the qualifying dependent is physically or mentally challenged.
- 7. For a child who is below the age of 18 years, both parents may be required to sign the forms on behalf of the child as their legal guardians.
- 8. In the event that one parent has sole custody of the child only that parent seeking citizenship will be required to sign the form and the appropriate documentation **MUST** be provided as evidence of custody.
- 9. In the event that another person is a legal guardian of the child, appropriate documentation must be provided as evidence of guardianship and that individual will also be required to sign the form.
- 10. In the cases of 6, 7, 8 and 9 above, an Affidavit from the nonaccompanying parent(s) of the child indicating that they have no objection to their child becoming a Saint Lucian citizen, MUST be attached to the child's form along with a certified true copy of a photo ID bearing the signature of the non-accompanying parent(s).
- 11. Note that if it is deemed necessary, you may be required to attend an interview in Saint Lucia or at an Embassy or High Commission of Saint

Lucia. In case an interview is required, you will be notified through your authorised agent in due course after you have submitted your application.

12. All supporting documents submitted with the application must be in the English Language or an authenticated translation into the English Language.

An "authenticated translation" means a translation effected by either a professional translator who is officially accredited to a court of law, a government agency, an international organization or similar official institution, or if effected in a country where there are no official accredited translators, a translation effected by a company whose role or business is effecting professional translations.

- 13. Where a document is required to be submitted, either the original or a certified copy must be provided. A "certified copy" means a photocopy or facsimile of the original document certified by a Notary, Attorney-at-Law or Commissioner of Oaths to be a true copy of the original.
- 14. A copy of the credentials or professional certificate(s) of the translator, notary, Attorney-at-Law or Commissioner of Oaths who translates or certifies a document, must be presented.
- 15. Where original documents or certified copies of original documents that have been issued by a third country are presented, in the case of countries that are parties to the Hague Convention, the translated documents with the original or certified copy of the original document must be authenticated by an Apostille, in accordance with the provisions of the Hague Convention. In the case of countries that are not parties to the Convention, a seal or stamp indicating an authenticated translation may be accepted.
- 16. Applicants over the age of 16 years MUST provide a police certificate (sometimes also referred to as a "police clearance certificate" or "certificate of no criminal record") from a national law enforcement authority (usually the police or a department of the Ministry of Justice or a similar government body) that confirms that the applicant has no criminal record. A police certificate MUST be from his or her country of birth and any country where he or she has resided for over one year during the 10 years immediately preceding this application.
 - a. In most countries police certificates are easily available upon request from a central police/government office.
 - b. Where the procedure for obtaining police certificates from some countries require that the police authorities will only send the certificate directly to the foreign government requesting the certificate, please

- 17. Note that applications can only be accepted and processed if:
 - a. This form is properly completed, dated and signed;
 - b. This form is accompanied by all requisite documentation; and
 - c. The non-refundable processing fee and due diligence fee have been paid.

The only exceptions are police certificates which may be handed in separately. See 17b above).

18. Original application forms MUST be submitted. Photocopies of completed application forms are not acceptable.

INSTRUCTIONS:

You must answer all questions on this application form unless indicated otherwise.

Download and fill out the application form on a computer.

You have the option of saving your form and completing it later.

I am completing this form as a:

Principal Applicant Spouse of a Principal Applicant Qualifying dependent of a Principal Applicant

SECTION A: PERSONAL DETAILS

A1. Your full name (as shown on your birth certificate. Confirmation of your full name (certified copy of full birth certificate OR excerpt of full birth record).

Last name (family name)	First name (given name)
Middle name(s)	Other name(s)

A2. Your current name, if different from above.

Last name (family name)	First name (given name)
Middle name(s)	Other name(s)

A3. Method of name change (Note: you must provide supporting documents for any change in your name. Proof of name change (Deed poll; adoption papers, etc.)

Marriage Deed Poll Adoption Other Not Applicable

A4. Name in Ethnic Script

A5. Gender Male	Female A6. Date of birth DD/MM/YY
A7. Place and Country of I	Birth A8. Citizenship at Birth
A9. Do you hold, or have yo Yes	ou ever held any other citizenship? No
citizenship. List any date the place at which such	country or countries and how you acquired es of any changes of citizenship including changes were recorded. Proof of othe f Citizenship, National ID or passport

If yes, please specify the country or countries and how you acquired permanent residency. List any dates of any changes of permanent residency including the place at which such changes were recorded. Proof of current permanent residency (Permanent Resident Card or Certificate)

					which	enables	you	to	work	in	any
countr	y?	Ye	s 🗌	No							

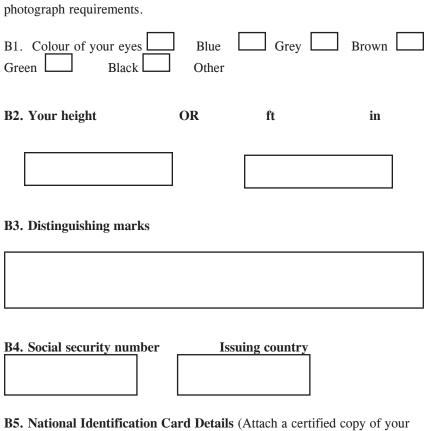
If yes, please list the names of the country or countries in which you are permitted to work.

A12. Have you ever served in the armed forces?	Yes	No
If yes, please provide details including branch, date	of entry an	d separation
and ranking at separation. Proof of service in the arme	ed forces (Co	ertified copy
of military record).		

Branch	Date of Entry	Date of Separation	Rank at Separation

SECTION B: IDENTIFICATION INFORMATION

Provide six passport-sized, colour photographs of yourself taken within the last six months. Refer to the Document Checklist SL1 for details on the



BS. National Identification Card Details (Attach a certified copy of patient identification card).

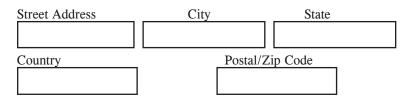
ID card number	Issuing country	Expiry date
B6. Driver's Licence Det Driver's licence number	ails Issuing country	Expiry date

B7. Passport Details. Attach certified copies of all the pages of your current passport(s).	Complete for passport issued by your country of birth	Complete for ea passport you ho additional pages	ld. Attached		
	Passport 1	Passport 2 Passport 3			
Issuing country					
Passport number					
Place of issue					
Date of issue					
Date of expiration					

B8. Contact Information

Home telephone number	Mobile number	Facsimile number
Email address		Other telephone number

B9. Current Address (NOTE: you MUST provide proof of your current residence. Proof of residence (certified copy of a recent utility bill OR bank statement showing full name and address.



Date since residing at current address

DD/MM/YYYY

B10. Permanent Residential Address (if different from current address)

Street Address	City	State

Co	un	trry

Postal/Zip Code

Date since residing at permanent address

DD/MM/YYYY

B11. List all addresses where you have lived for the last ten years. Please ensure that there are no gaps in your history.

From	То	Street Address	City	Postal Code	Country
MM/YYYY	MM/YYYY				
MM/YYYY	MM/YYYY				
MM/YYYY	MM/YYYY				
MM/YYYY	MM/YYYY				

SECTION C: INFORMATION ABOUT YOUR FAMILY

Give details of all family members, whether applying for citizenship or not, including details of legally adopted children. For your spouse and any other qualifying dependent(s) applying for citizenship, please note that in addition to submitting their details on this form, each accompanying dependent MUST complete an Application for Registration as a Citizen of Saint Lucia Form (SL5).

In the case of a family member who is deceased, please give their details and write "deceased" in the field "Residential Address."

C1. Marital Status. (Note: you must provide supporting documents for your marital status. Proof of marital status (marriage certificate OR divorce decree)

Never Married	Married	Divorced
Widowed	Separated	Engaged

If married, please provide details of your marriage.

Date of marriage	Place of marriage
DD/MM/YYYY	City/State/County/
	Country

C2. Spouse's Personal Details (if engaged, enter details of future spouse)

Last name (surname)	First name (given name)	
Middle name(s)	Other names (known as)	
Spouse's full name (before marriage)		
Last name (surname)	First name (given name)	

Gender	Male Female	Date of birth DD/MM/YYYY
Place of birth	Nationality/citizenship	Passport number

Spouse's residential address (if different from your residential address).

Street Address	City	State
-	_	

Country

Postal/Zip Code

Date since residing at current address

DD/MM/YYYY

Spouse's home telephone number (if different from your home number)

Spouse's mobile phone number

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Spouse's occupation	
Is your spouse included in this application?	No

C3. Previous Spouse's Personal Details (if applicable)?

Previous spouse's full name (if applicable)			
Place of birth	Date of birth		
Date of divorce order/decree	Period of marriage (indicate the number of months and years of marriage)		
Previous spouse's full name (if applicable)			
Place of birth	Date of birth		
Date of divorce order/decree	Period of marriage (indicate the number of months and years of marriage)		

C4. Father's Personal Details

Father's last name (surname)	Father's first name (given name)
Father's middle name(s)	Father's other names (known as)
Father's place of birth	Date of birth DD/MM/YYYY
Father's nationality/citizenship	Father's passport number

Father's residential address (if different from your residential address). Street Address City State Country Postal/Zip Code Date since residing at current address DD/MM/YYYY Father's home telephone number (if different from your home number) Father's mobile phone number Father's occupation Yes Is your father included in this application? No **C5.** Mother's Personal Details Mother's last name (surname) Mother's first name (given name)

Mother's middle name(s)Mother's other names (known as)Mother's place of birth
DD/MM/YYYYDate of birth
DD/MM/YYYYMother's nationality/citizenshipMother's passport number

Mother's residential address (if different from your residential address).

Street Address	City	State

Country	Postal/Zip Code
Date since residing at	t current address
	DD/MM/YYYY
Mother's home telepho Mother's mobile phon	one number (if different from your home number)
Mother's occupation	
Is your mother inclu	ded in this application? Yes No

C6. Children's Personal Details (Complete for all biological, adopted and step children. Attach additional sheets if required)

Child's last name (surname)	Child's first name (given name)	
Child's middle name(s)	Child's other names (known as)	
Gender Male	Date of Birth DD/MM/YYY	
Child's place of birth	Child's nationality/ citizenship	Child's passport number

Child's residential address (if different from your residential address).

Street Address	City	State
Country	P	Postal/Zip Code

Date since residing	at current address
DD/MM/YYYY	

Child's occupation (please insert student if the child is still attending school)

No

Is this child included in this application? Yes

Child's last Surnam	e	Child's firs	st name (given name)
Child's middle nam	e(s)	Child's other names (known as)	
Gender Male Female		Date of Bin DD/MM/Y	
Child's place of birth	Child's na citizenshi	ationality/ p	child's passport number

Child's residential address (if different from your residential address).

Street Address	City	State
Country	Postal/Zip Code	
		7

Date since residing at current address

DD/MM/YYYY

Child's occupation (please insert student if the child is still in school)

Is this child included in this application?	Yes No
Child's last name (surname)	Child's first name (given name)
Child's middle name(s)	Child's other names (known as)
Gender Male Female	Date of birth DD/MM/YYYY

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Child's place of	Child's nationality/	Child's passport
birth	citizenship	number

Child's residential address (if different from your residential address).

Street Address City	State
Country Postal	/Zip Code
Date since residing at current address	
Child's occupation (please insert stud	ent if the child is still in school)
Is this child included in this application	on? Yes No
C7. Brother's & Sister's Persona including half, step and adopted.	I Details (Complete for all siblings, Attach additional sheet if required)
Sibling's last name (surname)	Sibling's first name (given name)
Sibling's middle name(s)	Sibling's other names (known as)

Gender	Male Female	Date of birth DD/MM/YYY	YY
Sibling's place of birth	Sibling's nationa citizenship	ality/	Sibling's passport number

Sibling's residential address (if different from your residential address).

Street Address	City	State
Country	Postal/Zip Code	

Date since residing at current address
DD/MM/YYYY

Sibling's home telephone number (if different from your home number)

Sibling's mobile phone number

Sibling's occupation

Sibling's last name (surname)	Sibling's first name (given name)
Sibling's middle name(s)	Sibling's other names (known as)

Gender	Male Female	Date of birth DD/MM/YYYY	
Sibling's	place of birth	Sibling's nationality/ citizenship	Sibling's passport number

Sibling's residential address (if different from your residential address).

Street Address	City	State
Country	Postal/	Zip Code

Date since residing at current address

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0:1-1:	(if different from your home number)
Sibling's nome telephone number (if different from your nome number)
storing 5 nome terephone number	in annerene mont jour nonne manneer)

Sibling's mobile phone number

Sibling's occupation

Sibling's last name (surname)	Sibling's first name (given name)
Sibling's middle name(s)	Sibling's other names (known as)

Gender Male Female	Date of birth DD/MM/YYYY	
Sibling's place of birth	Sibling's nationality/ citizenship	Sibling's passport number

Sibling's residential address (if different from your residential address).

Street Address	City	State
Country		Postal/Zip Code

Date since residing at current address

DD/MM/YYYY

Sibling's home telephone number (if different from your home number)

Sibling's mobile phone number

Sibling's occupation

SECTION D : INCOME AND SOURCE OF WEALTH OF THE PRINCIPAL APPLICANT

ONLY the principal applicant is required to compete this section.

D1. Are you self-employed?

If yes, please complete the following section D2 with the details of your primary business.

D2. Details of your primary business

Name of business	Nature of business
Registered address of business	Business website address
Business telephone number	Business facsimile number

If not applicable, please complete the following section D3 with the details of your employer. Proof of employment (Curriculum Vitae)

D3. Details of Employer's Business

Name of employer	Nature of employer's business
Registered address of employer's business	Employer's business website address
Employer's business telephone number	Employer's business facsimile number

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D4. Provide the details of all valid and expired professional and privileged licences that you may hold or have held (e.g. real estate, gambling, and financial services) over the last ten years, immediately preceding this application.

Licence	Licencing Body	Dates Held

D5. What is your main source of income?

D6. What is the main geographical jurisdiction(s) in which you conduct business?

D7. What are the most important companies or persons with whom you do business?

D8. List all the companies of which you are currently a director or shareholder.

Director	Shareholder

D9. What is your estimated gross annual income in USD?

D10. What is your estimated net worth (personal assets minus personal liabilities) in USD?

D11. In the table below, please provide the value of your assets and liabilities (NOTE: You must provide a sworn affidavit declaring financial resources of a minimum of US \$3,000,000)

Assets	Amount	Liabilities	Amount
Savings or Deposits		Outstanding long term loans (e.g mortgage, car loan, personal loan etc.)	
Fixed assets (property, vehicle, etc.)		Outstanding short term loans (e.g credit card bills, tax liability)	
Investments (e.g stocks, shares, bonds, debentures, etc.)		Others (please spe	cify)
Others (please specify)			
TOTAL			

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D12. Please provide the personal bank account details from which you will be sending funds to the Government of Saint Lucia

Name of account holder	IBAN/BIC CODE
Account number	Bank name and address

SECTION E: EDUCATION AND WORK EXPERIENCE

E1. Please give details of all schools or training institutions attended and all qualifications obtained up to the highest level of education you successfully completed (NOTE: you are required to provide proof of all the qualifications listed below. Proof of qualifications (Professional and academic certificates).

Start MM/YY	End MM/YY	Name of school	Address	Qualification/diploma achieved

SECTION F: DECLARATIONS

		Yes	No
F1.	Have you ever been arrested, detained, charged, indicted, convicted, found guilty or been expunged of any offence(s) against the law in any country (except for minor traffic citations?		
F2.	Have you ever been denied any category of visa to a country with which Saint Lucia has visa free access and have not been successful in subsequently obtaining such a visa? If yes, note date, city, county, state and country in which you were denied the visa.		
F3.	Have you ever had a visa cancelled?		

Citizenship by	Investment	(Amendment)	Regulations
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		Yes	No
F4.	Have you ever been declared bankrupt by a court? If yes, note date, city, county, state and country in which the court declared you bankrupt.		
F5.	Have you ever been involved personally, or as a Director in any bankruptcy, insolvency or liquidation proceedings?		
F6	Have you ever testified before a grand jury or investigative hearing or probe?		
F7.	Have any charges, or accusations of illegal activity of any nature been made against you in any country?		
F8.	Have you ever been the subject of any criminal investigation?		
F9.	Have you ever been considered to be a potential national security risk in a country?		
F10.	Have you ever been sentenced to serve a period of time in detention or been on probation?		
F11.	Have you ever received a pardon for any criminal offence? If yes, note date, city, county, state and country in which you received the pardon.		
F12.	Have you ever had a civil or criminal record expunged or sealed by a court order?		
F13.	Have you ever been subpoenaed to appear to testify before a federal, state, or county grand jury, board or commission?		
F14.	Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an un-indicted co-party?		
F15.	Have you, as an individual, or as an owner, partner, director or officer of any partnership, corporation or entity, ever been a party to a lawsuit as either a plaintiff or defendant? (Other than divorces)		

Yes No F16. Have you ever been involved, directly or indirectly, in the financing of terrorism or in any terrorist or criminal organisation? F17. Have you ever been unlawfully present in or been deported from any country, or sought to assist others to do the same? F18. Have you ever applied for citizenship in any country for which the citizenship has NOT been granted? F19. Have you ever been the subject of any order, judgement or decree of any federal or state authority barring, suspending, or otherwise limiting your right to engage in any professional or business practice or activity? Are you a politically exposed person (PEP)? F20. (A PEP may be a past or current government office holder, or individuals who are or were formerly entrusted with high-level public functions. For example, senior officers, heads of state of government, senior judicial or military officials, officials of political parties and senior executives of state-owned enterprises (SOE). PEP definition includes family members and close associates of a primary PEP). F21. Have you ever been declared by a court or qualified health practitioner to be mentally incapacitated? Are there any other business activities in which you are F22. engaged that have not already been disclosed on this form? F23. To the best of your knowledge, have you ever been under investigation by any law enforcement agency or tax authority in any country? I confirm that my wealth has been obtained from F24. completely legitimate sources, and is not, whether directly or indirectly, from the proceeds of criminal activity of any kind. F25. I can confirm that I am fully compliant with my national,

Citizenship by Investment (Amendment) Regulations

If you have answered yes to any questions from F1 to F25 please provide further details. Clearly indicate the number for which the details are being provided in each case. Attach additional sheets as required.

regional and global tax obligations.

SECTION F: DATE AND SIGNATURE

Please note that this form constitutes a Statutory Declaration. Please ensure that the information that you have provided is true and correct. If you have provided false information or omitted information, your citizenship application could be declined. If it is later found out that you provided false or incorrect information, you may be deprived of your Saint Lucian citizenship pursuant to section 38 (1) of the Citizenship by Investment Act, No. 14 of 2015 and you may face criminal prosecution.

I certify that I have read and understood all the questions in this form and that the information provided whether supplied directly by myself or through an authorised agent or third party completing the form on my behalf, is true and up-to-date in every detail.

I herewith authorize, without reservation, the Citizenship by Investment Unit ('the Unit') to verify any personal information about me or my child(ren), where an application has been lodged in respect of my child(ren). Accordingly, I also authorise the Unit, either directly or through my agents that the Unit may choose to engage, to decide to obtain further information, credit reports, criminal records or any kind of records about me and my child(ren), which the Unit considers necessary. I understand that such information, records and reports may be obtained from online sources, government agencies or private sources. I authorise my agents contacted to furnish the requested information, reports or records about me or my child(ren) and I release all parties involved from the responsibility and liability in doing so. Accordingly, I also authorise the release by the Unit of any personal information about me or my child(ren) given on this form or otherwise obtained by the Unit in order to verify such information or obtain such reports or records about me or my child(ren), which may assist the Unit in deciding whether I or my child(ren) qualify for citizenship.

I understand that becoming a citizen of Saint Lucia may affect my current citizenship status.

If there is any change in my circumstances which may affect the information that I have given in this application, I confirm that I will advise, in writing to the Unit, for the interim period between the date of this application and the date of granting citizenship.

In the event that citizenship of Saint Lucia is granted to me, I do solemnly pledge that:

- I will faithfully observe the laws of Saint Lucia at all times;
- I will conduct myself in such a manner which at no time will bring disrepute to Saint Lucia;
- I will not act against the interest of Saint Lucia; and
- I will be faithful and bear true allegiance to Her Majesty Queen Elizabeth the Second, Her Heirs and Successors, according to law.

I herewith apply to be granted citizenship of Saint Lucia.

Place and date	Signature of applicant (or principal applicant if the child is under the age of 18 years)

Citizenship by Investment Programme



Photograph and Signature Certificate



This Photograph and Signature Certificate is to be completed in English by a Notary Public, an Attorney-at-Law or by two Senior Officer(s) of an internationally recognized bank, who must ask for evidence of identification (such as a passport or National ID card) The person completing the certificate MUST certify the photograph to be a true likeness and the signature to be the true signature of the person whose details appear on this form.

One form for each applicant and qualifying dependent (including children) is to be completed. For children who are below the age of 18 years or where a qualifying dependent is physically or mentally challenged and cannot write, please insert "N/A" in the field "Specimen Signature."

The certification should be made by signature and stamp or seal in Section B or on the reverse side of this form in which case the following should be stated in Section B. "See certification on reverse side."

Please attach one photograph of yourself taken within the past 6 months in the box below. The photograph should be approximately 35×45 mm in size and must be attached to this Certificate in a way that it cannot be removed without tearing the photograph or form.

Please ensure that the photograph complies with the requirements as specified on the Document Checklist SL1

A. Personal Details

Surname or family name as shown in passport	First or given name(s) as shown in passport	
Place and country of birth	Date of birth	Gender
ID or passport details (issuing country and ID/passport number)	Specimen signature	

B. Certification

I/we certify that I/We have confirmed the identity of the person whose details appear on this form, who has presented sufficient evidence of identification.

I/we certify that the photograph attached on this form is a true likeness of the person whose details appear on this form.

I/we certify that the specimen signature above has been given in my/our presence by the person whose details appear on this form

Signature

Date

Signature

Date



On behalf of the Applicant Deponent:[Insert name of Applicant] Date Sworn:[e.g 5thNovember,2020]

IN THE MATTER of an Application for Citizenship by Investment in Saint Lucia under regulation 7 (3) of the Citizenship by Investment Regulations, No. 89 of 2015

AFFIDAVIT OF DECLARATION

I, [insert name], of [insert full address] being duly sworn ON OATH, depose and say as follows:-

- 1. That I am the Principal Applicant for Citizenship by Investment in Saint Lucia.
- 2. That I have financial resources comprising of income and assets of at least US \$ 3,000,000.00.
- 3. That I have acquired all of my wealth through legal and reputable sources.
- 4. That the facts stated above are true and correct to the best of my knowledge and belief.

	N to at [STATE]	AND COUNTRY] day of [MONTH],	IVE A P1	}	
L	1			}	[SIGNATURE]
Before r	ne: [INSERT N	AMEJ		}	
			[PRI]	NCIPAL APP	LICANT NAME]
				}	Deponent
[TITLE:	: NOTARY OR	COMMISSIONER	OF OATHS]	J	

[INSERT ADDRESS]

SL 8

On behalf of the Applicant Deponent:[Insert name of Applicant] Date Sworn:[e.g 5th November,2020]

IN THE MATTER of an Application for Citizenship by Investment in Saint Lucia under section 30 (6) of the Citizenship by Investment Act, No. 14 of 2015

AFFIDAVIT OF SUPPORT

I [insert name], of [insert full address] being duly sworn ON OATH, depose and say as follows:-

- 1. That I am the Principal Applicant for Citizenship by Investment in Saint Lucia.
- That I have sufficient income and assets to financially support all of my qualifying dependents who have also made an application for Saint Lucian citizenship.
- 3. My qualifying dependents to my application are listed as follows:

State names and relationships to the Principal Applicant

- 4. That I will pay all of the costs associated to this application for my dependents.
- 5. That the facts stated above are true and correct to the best of my knowledge and belief.

SWORN to at [STATE AND COUNTRY] } this [DATE] day of [MONTH], [YEAR].

Before me: [INSERT NAME]	} }	[SIGNATURE]
	[PRINCIPAL	APPLICANT NAME]
	}	Deponent
TITLE: (NOTARY OR COMMISSIONER	} OF OATHS]

[INSERT ADDRESS]

Citizenship by Investment Programme



Medical Examiner Details and Declaration

SL	
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SECTION A: APPLICANT'S DETAILS

Surname or Family Name (as shown on Birth Certificate)		First or Given Name(s) (as shown on Birth Certificate)		
Place of birth	Country of Birth	Date of birth DD/MM/YYYY	Gender	
Current residential address		Passport details – and passport numb		

SECTION B: MEDICAL EXAMINER'S DETAILS

Attach a certified copy of the professional certificate(s) of the medical examiner to this form.

Full name of medical examiner:			
Organisation			
Position			
Organisation's address			
Telephone number Fax number			

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Date of Examination	Place of Examination	
Examiner's designation/ qualification	Examiner's license number or certificate	

SECTION C: MEDICAL EXAMINATION

The medical examiner is required to examine the applicant and answer the following questions. If any of the questions below is answered with a yes, please provide details either in the space provided at the end of this form or on an attached sheet.



C1. Are there any signs of:

		Yes	No
1.	Skin disease?		
2.	Abnormalities of the respiratory system, including nose and lungs?		
3.	Abnormalities of the cardiovascular system, including pulse, blood pressure, heart murmurs?		
4.	Abnormalities of the digestive organs and abdomen?		
5.	Abnormalities of the urogenital organs?		
6.	Abnormalities of the nervous system and sense organs?		
7.	Abnormalities of the musculoskeletal system?		
8.	Abnormalities of the endocrine system?		
9.	Contagious disease?		
10.	Any other abnormalities?		

		Yes	No
1.	Tubercolosis?		
2.	Hepatitis (A, B, or C)?		
3.	Typhoid?		
4.	Any other communicable disease?		
5.	Any other heart condition (including congenital defects)?		
6.	Stroke?		
7.	Any immune deficiency disease?		
8.	Cancer?		
9.	AIDS / HIV?		
10.	Are you currently taking any prescribed medicine?		
11.	Do you currently have any other serious health problems? (other than listed above)		
12.	Have you been hospitalized in the last 5 years?		
13.	Have you visited a doctor in the last 3 years for anything other than a routine check-up?		
14.	For female applicants – Are you pregnant? If yes, what is the expected date of birth?		
15.	Are you dependent on alcohol or drugs (including narcotics)?		
16.	Is there any further information which may be medically relevant?		
	Provide details below		

C2. Have you had, or do you presently have, any of the following conditions:

I hereby confirm that I have identified, questioned and examined the applicant and have answered all questions to the best of my knowledge and in good faith.

Stamp of medical examiner (if applicable)	Signature of medical examiner

Made this 31st day of December, 2015.

KENNY D. ANTHONY, Minister to whom Citizenship by Investment is assigned.

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