



Citizenship By Investment Programme

APPLICATION FOR
AUTHORISED AGENT
LICENCE

FORM 1

Please read the following explanatory notes carefully. Please submit application in electronic and printed form

1. 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 licenced to submit applications for Citizenship by Investment on behalf of applicants to the Citizenship by Investment Programme ("CIP").
2. The Unit shall appoint authorised agents whose professional qualifications, ability, resources, expertise, integrity and/or conduct conform to the guidelines issued by the Unit.
3. The guidelines for authorised agents are attached. Please review them carefully before submitting an application.
4. Applicants applying as individuals
 - a. Need not complete Sections 2, 3 and 8
 - b. Must provide certified copies of:
 - Two of the IDs detailed in Section 1 - number 1.4.
 - Academic and professional certificates
 - Curriculum Vitae
 - Income Tax Clearance Certificate
 - NIC Clearance Certificate
 - Statutory Declaration (See Attachment 1A)
5. 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 to the Unit forthwith)
 - Notice of Company's Registered Office in Saint Lucia
 - Articles of Continuation or By Laws (if applicable)
 - Income Tax Clearance Certificate
 - NIC Clearance Certificate
 - Audited financial statement for the period immediately preceding the application
6. 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

1. APPLICANT INFORMATION

1.1 Full Name

Last Name

First Name

Other Name(s)

1.2 Address

Permanent Address

City

Country

Zip Code

1.3 Contact Details

Home Telephone Number

Mobile Telephone Number

Work Telephone Number

Facsimile Number

Email Address

1.4. Identification (Please provide a copy of the ID for which you have provided the details)

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)

1.5 Are you a resident of Saint Lucia?

Yes 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 Type of company (business activity or purpose)

2.3 Company Number

2.4 Incorporation Date
(DD/MM/YY)

2.5 Country of Incorporation

2.6 Registered Address

Address

City

Country

Zip Code

2.7 Business Address (if different from 2.6 above)

Address

City

Country

Zip Code

2.8 Business Address (if different from 2.7 above)

Address

City

Country

Zip Code

2.9 Business Contact Information

Telephone Number

Facsimile Number

Email Address

Website

3. PARTNERSHIP INFORMATION

3.1 Business Name

3.2 Type of Partnership (business activity or purpose)

3.3 Registration Number

3.4 Country of Registration

3.5 Business Address

Address

City

Country

Zip Code

3.6 Business Mailing Address (if different from 3.5 above)

Address

City

Country

Zip Code

3.7 Business Contact Information

Telephone Number

Facsimile Number

Email 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

First Name

Other Name(s)

4.2 Address

Permanent Address

City Country Zip Code

4.3 Contact Details

Telephone Number Facsimile Number

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 First Name

Other Name(s)

5.2 Address

Business Address

City Country Zip Code

5.3 Contact Details

Telephone Number Facsimile Number

Email Address Website

6. ATTORNEY-AT-LAW (If any)

6.1 Full Name

Last Name

First Name

Other Name(s)

6.2 Address

Business Address

City

Country

Zip Code

6.3 Contact Details

Telephone Number

Facsimile Number

Email Address

Website

7. CHARTERED ACCOUNTANT

7.1 Full Name

Last Name

First Name

Other Name(s)

7.2 Address

Business Address

City

Country

Zip Code

7.3 Contact Details

Telephone Number

Facsimile Number

Email Address

Website

8. SUBSIDIARY 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 Statement of Capital

Address

City Country Zip Code

Company 2

Name Statement of Capital

Address

City Country Zip Code

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