

Citizenship By Investment Programme

USE OF AUTHORISED AGENT FORM
SL2

Authorised Agents are parties who have provided advice and guidance to you prior to the submission of your application, and who have permission to submit your application and subsequently conduct business 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. ONLY an authorised agent can submit a form on your behalf.

1. YOUR PERSONAL DETAILS

1.1 Full Name

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

1.2 Current Residential Address

Street Address

City

Zip Code

Country

1.3 Passport Details

Issuing Country

Passport Number

- 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	Date	Signature of Principal Applicant

2. 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	Promoter Licence Number

*Please write N/A if you did not get a referral from a promoter

_____	_____	_____
Place	Date	Signature of Authorised Agent