

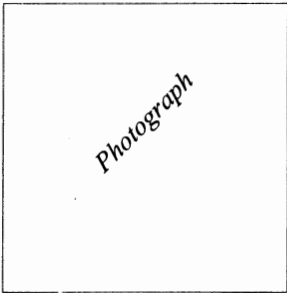
THE IMMIGRATION AND PASSPORT ACT, CHAP. 18:01 OF 1990
APPLICATION FOR PERMIT TO RESIDE IN DOMINICA

NAME OF APPLICANT (IN FULL): _____

AGE: _____ MARITAL STATUS: _____

CHILDREN: _____

NAMES AND AGES OF CHILDREN BELOW THE AGE OF 18 YEARS ACCOMPANYING YOU:



PRESENT ADDRESS: _____

CONTACT TELEPHONE No(s): _____

PERMANENT ADDRESS: _____

NATIONALITY: _____ AT BIRTH IF DIFFERENT: _____

DATE AND PLACE OF BIRTH: _____

PASSPORT No.: _____ PLACE OF ISSUE: _____

DATE OF ISSUE: _____ EXPIRY DATE: _____

POLICE RECORD: _____

REASONS FOR WISHING TO SETTLE HERE: _____

HAVE YOU BEEN OFFERED EMPLOYMENT?: _____

NAME OF FIRM OR AGENCY MAKING OFFER: _____

HAVE YOU ANY SPECIAL SKILLS OR TRAINING?: _____

PROFESSIONAL OR OTHER QUALIFICATIONS: _____

COPIES OF PROFESSIONAL CERTIFICATES, ETC.: _____

DEPOSIT FOR PASSAGE: _____ CAN YOU MEET THIS?: _____

STATE NO. OF PREVIOUS PERMIT: _____

RECEIPT NO. FOR APPLICATION FEE: _____

SCHEDULED DATE OF ARRIVAL: _____

EXTENSION OF STAY: _____

Signature of Applicant

Date