



PERMIT TO RESIDE – APPLICATION ADDITIONAL

PLEASE SELECT TYPE OF RESIDENCY:

PERMIT TO RESIDE STUDENT

| APPLICANT'S PERSONAL & PASSPORT DETAILS | | | |
|---|---|--------------------------------|-------------------------|
| Surname | | Given Name(s) | |
| Maiden Name | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth DD/MM/YYYY | |
| Place of Birth (City/Town/Province) | Country of Birth | Nationality at Birth | |
| Current Nationality | Previous Nationality | National Insurance No (if any) | |
| Passport Number | Place of Issue | Date of Issue DD/MM/YY | Date of Expiry DD/MM/YY |

| MARRIAGE & SPOUSE DETAILS | | | |
|---|-------------|--------------------------|--|
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Child Applicant | | | |
| Place of Marriage (City/Town and Country) | | Date of Marriage | |
| Surname | | Given name(s) | |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Nationality | Date of Birth DD/MM/YYYY | |

| FAMILY DETAILS | | | |
|---------------------|------------------------|---------------|-------------|
| Mother's Surname(S) | Mother's Given Name(s) | DOB DD/MM/YY | Nationality |
| Father's Surname(s) | Father's Given Name(s) | D.O.B DD/MMYY | Nationality |

| CHILDREN AND OTHER DEPENDANTS | | | | |
|-------------------------------|---------------|--------------|--------------|-----------|
| Surname | Given Name(s) | DOB DD/MM/YY | Relationship | Duration |
| | | | | FROM: TO: |
| | | | | |

NOTE: A separate Permit to Reside application must be submitted for any Spouse or dependent that will be residing in The Bahamas.

| Section D ADDRESS INFORMATION | | |
|---|----------------------|---------------|
| Intended Current/Local Address in The Bahamas | | |
| Street Address including House/ Apt#: | City/Town/Settlement | Island |
| Telephone: WK _____ Mobile _____ Home _____ | P.O. Box | Email Address |

Type of Accommodation: Own Home Leasing Renting Other
 Is your accommodation provided by your sponsor? Yes No

GOVERNMENT OF THE COMMONWEALTH OF THE BAHAMAS

HEALTH

Are you in good health? Yes No Have you been vaccinated against any small pox, polio? Yes No

If you stated that you are not in good health, briefly state any illness or injury you may have.

PARTICULARS OF CURRENT OR PREVIOUS EMPLOYMENT IN THE BAHAMAS OR ANY OTHER COUNTRY

| Employer | Employers Address | Position | Duration of Employment | |
|----------|-------------------|----------|------------------------|-----------------|
| | | | From (DD/MM/YY) | From (DD/MM/YY) |
| | | | | |

ADDITIONAL INFORMATION

Indicate the date of your last visit to the Bahamas (if any): DD/MM/YY Purpose for entering The Bahamas on your last visit:
 Vacation Work Family Visit Other _____

Briefly state the particulars of the status previously obtained from the Department of Immigration (whether approved or refused). State the name of the employer or Organization that made the application on your behalf.

List the details relative to any family members you know to be currently residing in The Bahamas.

| Surname | Given Name(s) | Age | Relationship | Duration | |
|---------|---------------|-----|--------------|----------|-----|
| | | | | FROM: | TO: |
| | | | | | |

DECLARATION

I hereby declare that the information given by me in this application is true and complete to the best of my knowledge. I understand that any incorrect, misleading or untrue information or the withholding of relevant information may result in rejection of this application and the revocation of any permit or current status held. I also understand that the discovery of any statement which is false may render me liable to prosecution.

Applicants Signature (for minors, signature of parent/guardian)

Print Name _____ Signature _____

Date _____ (DD/MM/YY)

SPOUSE/SPONSOR DETAILS

Name of Parent(s), legal guardian or authorized representative any school or Institute of higher learning endorsing this application.

| | |
|---------------------------------------|------------------------------------|
| Business License # (For institutions) | Telephone Contact |
| | Home _____ Work _____ Mobile _____ |

| | |
|----------------|--|
| Postal Address | Email Address (For notifications relative to this application) |
|----------------|--|

GOVERNMENT OF THE COMMONWEALTH OF THE BAHAMAS

ADDRESS INFORMATION

Island/ City/Town/Settlement/Street address/ House or Apt #.

| | |
|---|---|
| Spouse Details (not applicable to institutions) | Give details living arrangements for proposed applicant |
|---|---|

| | |
|--|---|
| Are you willing to be responsible for housing for the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you willing to be responsible for schooling for your applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not attending school |
|--|---|

Provide the following details relative to your request to reside in The Bahamas.

1. Why do you wish to reside in The Bahamas?
 2. Outline any unique circumstance or special need that you feel would support you request.
- NOTE:** Please provide a typed cover letter addressed to the Director of Immigration if the space provided is insufficient.