



WORK PERMIT APPLICATION ADDITIONAL

APPLICANT’S PERSONAL & PASSPORT DETAILS

Surname		Given Name(s)	
Maiden Name	Sex: <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"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Place of Marriage (City/Town and Country)		Date of Marriage DD/MM/YY	
Surname		Given name(s)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality	Date of Birth DD/MM/YYYY	

FAMILY DETAILS

Mother’s Surname	Mother’s Given Name	DOB DD/MM/YY	Nationality
Father’s Surname	Father’s Given Name	D.O.B DD/MMYY	Nationality

PARTICULARS OF DEPENDANT(S) RESIDING IN THE BAHAMAS

NOTE: A Permit to Reside application must be submitted for all dependants residing with you.					
Surname	Given Name(s)	DOB DD/MM/YY	Relationship	Duration	
				FROM:	TO:

List the details of any immediate family member(s) currently residing in The Bahamas.					
Surname	Given Name(s)	Age	Relationship	Duration:	
				FROM:	TO:

ADDRESS INFORMATION

Local Address/Intended Address in The Bahamas		
Street Address including House/Apt #	City/Town/Settlement	Island
Email Address	Phone Number(s) Home_____ Mobile_____ Work_____	
Type of Accommodation: <input type="checkbox"/> Own Home <input type="checkbox"/> Leasing <input type="checkbox"/> Rental <input type="checkbox"/> Other		
Is your accommodation provided by your Employer/Sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No		

GOVERNMENT OF THE COMMONWEALTH OF THE BAHAMAS

HEALTH		
Are you in good health? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been vaccinated against any small pox, polio? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you stated that you are not in good health, briefly state any illness or injury you may have.		
ADDITIONAL INFORMATION		
What is the name of your intended Employer?		What is your proposed job title/position?
Indicate the date of your last visit to The Bahamas : DD/MM/YY		Purpose for entering The Bahamas on your last visit: <input type="checkbox"/> Vacation <input type="checkbox"/> Work <input type="checkbox"/> Family Visit <input type="checkbox"/> Other <input type="checkbox"/> N/A
State the particulars of any type of status you previously sought to obtain from the Department of Immigration (whether approved or refused). State the name of the person or Organization that made the application on your behalf.		
Proposed period of Employment for prospective employee		Proposed salary, commission (weekly, monthly or yearly)
Explain any efforts made (if any) to find a Bahamian to fill the vacancy and if you plan to train a Bahamian to do so.		
PROSPECTIVE EMPLOYER INFORMATION		
Company Name/ Business Name/ Individual Employer		Telephone #
Business License #	NIB Number	Tax Identification Number (TIN)
Postal Address	Email Address (For notifications relative to this application)	
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 the 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		
Print Name_____		Signature_____
Date: DD/MM/YY _____		
ADDRESS INFORMATION		
Provide details relative to the location of your Company/Business/Home. Individual employers should give detailed directions and description of home inclusive of subdivision, street name and house or apartment number.		
Spouse Full Name (Applicable to individual employers only)		Give details of living arrangements for proposed employee
Are you responsible for housing your prospective employee and their children/spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you responsible for the education of your prospective employee’s child/children? <input type="checkbox"/> Yes <input type="checkbox"/> No

GOVERNMENT OF THE COMMONWEALTH OF THE BAHAMAS

Provide the following details relative to the applicant’s employment in the space provided below.

1. What is their proposed job description inclusive of particular duties and responsibilities?
2. Outline any unique circumstance or special need that you feel would support your request.
3. Explain any efforts made to find a Bahamian to fill the position.

NOTE: Provide a typed cover letter addressed to the Director of Immigration **ONLY IF** the space provided is insufficient.

Proposed period of Employment for prospective employee	Proposed salary, commission (weekly, monthly or yearly)
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Explain any efforts made (if any) to find a Bahamian to fill the vacancy and if you plan to train a Bahamian to do so.