



GOVERNMENT OF THE COMMONWEALTH OF THE BAHAMAS

DEPARTMENT OF IMMIGRATION

RENEWAL/EXTENSION APPLICATION FORM

- \$200 Processing fee (non-Refundable) is required to submit this application..
- Read Carefully. Print in **BLOCK CAPITALS** in **Blue** or **Black** Ink Only
- Answer **ALL** questions, indicate N/A where not applicable

Permit Type: <input type="checkbox"/> Work <input type="checkbox"/> Resident <input type="checkbox"/> Resident Spouse <input type="checkbox"/> Home Owner <input type="checkbox"/> Resident Belonger			
Section A APPLICANT'S PERSONAL DETAILS			
Surname		Given Name(s)	
Maiden Name	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth DD/MM/YYYY	
Please state the particulars of any name change unrelated to marriage (if any).			
Unique Identification Number (UID)	National Insurance Number	Imm. File #	
APPLICANT'S ADDRESS INFORMATION			
Current/Local Address in The Bahamas			
Street Address including House/Hotel/ Apt#:		City/Town/Settlement	Island
Telephone: Work _____ Mobile _____ Home _____		P.O.Box	Email Address
Section B APPLICANT'S MARRIAGE & SPOUSE DETAILS (Applicable for Individual Employers)			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Surname		Given name(s)	
Nationality	Date of Birth DD/MM/YYYY		
Section C EMPLOYER/SPONSOR/INSTITUTION INFORMATION			
NOTE: This Section Applies to Resident Spouse, Work Permit, and Permit to Reside renewal applications <u>ONLY</u>			
Employer/Sponsor/Institution Name		P.O. Box	Email:
Street Address including House/Hotel Apt #		Telephone: Work _____ Mobile _____ Home _____	

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City/Town/ Settlement	Island
EMPLOYER'S SPOUSE DETAILS (APPLICABLE FOR INDIVIDUAL EMPLOYERS ONLY)	
Spouse Surname	Spouse Maiden name

Section D	WORK & RESIDENCE DETAILS
Indicate the reason for your renewal request and give details relative to any change in circumstance since the previous permit was granted.	

Section E	AUTHORIZATION
I/We (Parent/Legal Guardian/ Sponsor/Employer or Authorized Agent) _____	
of (Physical address, Institution name) _____ endorse this application to the Immigration Department for _____ (Name of Applicant).	
Print Name _____	Signature _____
Date: DD/MM/YY _____	