

FIRST SCHEDULE

Reg. 3

FORM 1

APPLICATION TO RESIDE OR TO ENGAGE IN GAINFUL OCCUPATION

Note:

- A

Applicant wishing to engage in gainful occupation is requested to complete the whole form and to submit with this application the following:

(a)

Two (2) passport size photographs with signature on reverse of prints

(b)

Police certificate covering five years residence

(c)

Medical certificate dated not earlier than 30 days before this application

(d)

Written references from previous employers

(e)

Copies of any certificate of examinations referred to in this application

(f)

Letter from prospective employer with:

I.

certificate from Ministry of Labour with Notification of Vacancy

II.

copies of newspaper advertisement with replies thereto and results of interview, If any.

B

Applicant NOT wishing to engage in gainful occupation is requested to complete questions 1 to 20 and 30 to 35 of this form and to submit with this application the following:

(a)

Two (2) passport size photographs with signature on reverse of prints

(b)

Police certificate covering five years residence

(c)

Medical certificate dated not earlier than 30 days before this application

(d)

Two (2) testimonials of good character.

PERSONS INTENDING TO RESIDE OR TO ENGAGE IN GAINFUL
OCCUPATION MUST BE IN POSSESSION OF A VALID PASSPORT

Mr.
Mrs.

1

Full Name Miss

2

Place of Birth

3

Date of Birth

4

Present Nationality

5

Previous Nationality

6

Particulars of any change of name

7

Home Address

8

Single, Married, Divorced

9

Full name of wife/husband

10

Nationality of wife/husband

11 Particulars of children under 18 years of age as follows:

NAME	DATE OF BIRTH	PLACE OF BIRTH

12 Profession or occupation _____

13 Particulars of income while in The Bahamas _____

14 Financial reference _____

15 Whether accompanied by wife/husband _____

16 Whether accompanied by children _____

17 Particulars of Passport (number, place and date of issue). _____

18 Date of first arrival in The Bahamas _____

19 Date of arrival in The Bahamas in relation to the present application _____

20 Local address _____

21 Particulars of previous employment in The Bahamas:

Employer	Employer's Address	Position Held	Duration of Employment

22 Particulars of employment elsewhere:

Employer	Employer's Address	Position Held	Duration of Employment

23 Purpose for entering The Bahamas _____

24 Particulars of salary, commissions, etc. or other benefits to be received in relation to this application (state amounts)

25 Schools attended:

Name of School	Address of School	Dates	
		from	to

26 Public examinations taken and results while at school:

Examination	Date	Result

27 University or Higher Education Centre attended:

Name of School	Address of School	Dates	
		from	to

28 Public examinations taken and results while at University or Higher Education Centre:

Examination	Date	Result

29 Qualifications held (eg. Degree, Certificate, etc. with dates awarded) _____

30 Are you in good health? _____

31 What serious illness, operation or injuries have you had? _____

32 If answer to Question 31 is in the affirmative, are you completely recovered? _____

33 Have you been vaccinated against smallpox? _____

34 In what countries have you lived in the past three years, and where have you been staying in the past two weeks?

35 Have you been convicted of an offence? (To include convictions in any country, and to include all convictions relating to traffic offences.) State Yes or No. _____

36 If Yes, give full details of the offence(s), the penalty, the court in which you were convicted and the date.

I certify to the best of my knowledge and belief that the information given in the application is correct. I understand that the discovery of any statement which is false in a material particular may render me liable to prosecution.

Signature _____

Date _____

Dated the _____ day of _____ 20_____

Declared to before me this

_____ day of _____ 20_____

Commissioner of Oaths, Notary Public, Justice of the Peace



FOR OFFICIAL USE ONLY



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: <input type="checkbox"/> Own Home <input type="checkbox"/> Leasing <input type="checkbox"/> Renting <input type="checkbox"/> Other Is your accommodation provided by your 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.					
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: <input type="checkbox"/> Vacation <input type="checkbox"/> Work <input type="checkbox"/> Family Visit <input type="checkbox"/> 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)			

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
<p>Provide the following details relative to your request to reside in The Bahamas.</p> <p>1. Why do you wish to reside in The Bahamas?</p> <p>2. Outline any unique circumstance or special need that you feel would support you request.</p> <p>NOTE: Please provide a typed cover letter addressed to the Director of Immigration if the space provided is insufficient.</p>	