

APPLICATION FOR REGISTRATION AS A CITIZEN OF ST. VINCENT AND THE GRENADINES

Please WRITE or TYPE clearly in BLOCK CAPITALS (except signatures)

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1	Full name							
2	Name at birth if different from above							
2	D. Clini							
3	Date of birth	rth						
4	DI 1	C1: .1						
4	Place and count	Place and country of birth						
5	Permanent address in full)							
6	Telephone Number: Private			Business				
7	Whether single; married; a widower; a widow; divorced (state which)							
8	Details of	Full name	Place of birth	Country of birth	Date of birth	if dead, date of death		
	Applicant's father							
	Applicant's 'mother							
	Applicant's wife or							
	husband							
9	Citizenship or nationality of applicant at the time of application (see Note 1)			Usual signature of applicant				
				l				

0	Give the grounds on which you claim citizenship							
1	Approximate date of any previous application for registration							
	Reference number and approximate date of any correspondence							
	with the Home Office							
12	Have you ever renounced or been deprived of citizenship of the United Kingdom and Colonies?							
	(YES or NO) ANSWER:							
	EITHER the date on which, and the place where the	Date						
	declaration of renunciation was made.	Place	e					
	OR the date on which you were deprived of your citizenship:							
13	Particulars of any other name(s) used for private purposes							
4	Particulars of any other name(s) used for trading or business purposes							
15	Occupation							
16	Business address and/or name and address of employers (if a director names and addresses of companies concerned)							
17	arrival in St. Vincent	Place						
8	Is your period of stay in thus country subject to any restriction? (YES	or NO)	ANSWER	\ :				
9	PARTICULARS OF ORDINARY RESIDENCE (see Note 3)							
	Give all addresses at which you have lived during the last 8 years:	Dates						
	Address (in full)		from	to				
	(continue on a separate sheet of paper if necessary)							

State whether fair good or excelle	nt					
FINANCIAL STATUS						
Each part of this section must be answered 'yes' or 'no' or in the case of (d) 'not applicable If the answer to (b) (c) or (d) is 'yes' give dates in the second column.						
(a) Are you financially solvent?		(c) Have you been bankrupt?				
(b) Have you made any compositi with creditors?		d) if so have you been lischarged from bankro				
COURT PROCEEDINGS (see note 7)						
(a) Details of all criminal proceedings taken against you whether in St. Vincent and the Grenadines or any other country which resulted in a conviction. (If the answer is none write "NONE")						
Nature of charge	Date	Place	Sentence			
(b) Details of all non-criminal pro	ceedings taken aga	inst you in the United	Kingdom. (If the ans			
is none write "NONE")						
(b) Details of all non-criminal pro is none write "NONE") Nature of proceedings	ceedings taken aga	inst you in the United Place	Kingdom. (If the ans			
is none write "NONE")						
is none write "NONE")	Date					
Nature of proceedings MINOR CHILDREN (see Note	Date					
Nature of proceedings MINOR CHILDREN (see Note (a) Full names including	Date		Result			
Nature of proceedings MINOR CHILDREN (see Note	Date		Result Present addres			
Nature of proceedings MINOR CHILDREN (see Note (a) Full names including surnames of children under 18	Date 8)	Place	Result Present addres			
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Nature of proceedings MINOR CHILDREN (see Note (a) Full names including surnames of children under 18 yeas of age to be registered (b) Full names of all other	Date Date Date of birth	Place Place of birth	Present addres and nationality			
Nature of proceedings MINOR CHILDREN (see Note (a) Full names including surnames of children under 18 yeas of age to be registered	Date 8)	Place	Result Present addres			
Nature of proceedings MINOR CHILDREN (see Note (a) Full names including surnames of children under 18 yeas of age to be registered (b) Full names of all other	Date Date Date of birth	Place Place of birth	Present addres and nationality			
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WARNING: The giving of false information on this form can lead to imprisonment.

Delete and initial the brackets if applicable	I (full name)hereby apply for registration as a ci registration of my minor children as	tizen of St. Vii	ncent and the Grenadines (and for the
			oing particulars in this application are iously believing the same to be true.
	If at any time before a certificate is particulars is affected by an alteration Government of St. Vincent and the	on in circumsta	
	Signa	nture of Applic	ant:
MADE and SU	JBSCRIBED this	day o	ıf20
before me (full	name)	at	
Address or office stamp:	Signo	ed:	
	Qual	ification:	
			nmissioner for Oaths, Justice of the ic or other authorised person)
	SUBMISSION (OF APPLICA	<u>TION</u>
	g in your completed form please list lare sending with it:	nere the docun	nents (e.g. passport birth certificate
1		4.	
2		5.	
3		6.	

SEND ALL NECESSARY EVIDENCE WITH YOUR APPLICATION TO AVOID DELAY

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REFERENCES

1.	Name and full postal address (in BLOCK LETTERS)	Mr./Mrs./Miss:	
	he undersigned, hereby state that I am ouseholder; and that I am not the solicity		ncent and the Grenadines; that I am relative of
I su	apport this application from my person	al knowledge of,	and close acquaintance with, the applicant for years
	ouch for his/her good character and loy and acquaintance with, the applicant.	yalty and am prepa	ared to furnish full details about my knowledge
Da	te:	Sign	ature:
2.	Name and full postal address (in BLOCK LETTERS)	Mr./Mrs./Miss:	
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I su	apport this application from my person	al knowledge of,	and close acquaintance with, the applicant for years
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Dat	te:	Sign	ature:

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OATH OF ALLEGIANCE

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