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

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

<table>
<thead>
<tr>
<th></th>
<th>Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Name at Birth if different from above</td>
</tr>
<tr>
<td>3</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>4</td>
<td>Place and Country of Birth</td>
</tr>
<tr>
<td>5</td>
<td>Permanent Address (in full)</td>
</tr>
<tr>
<td>6</td>
<td>Telephone Number: Private Business</td>
</tr>
<tr>
<td>7</td>
<td>Whether single; Married; a Widower; a Widow; Divorced (state which)</td>
</tr>
<tr>
<td>8</td>
<td>Details of Full Name Place of Birth Country of Birth Date of Birth If Dead Date of Death</td>
</tr>
<tr>
<td></td>
<td>Applicant's Father</td>
</tr>
<tr>
<td></td>
<td>Applicant’s Mother</td>
</tr>
<tr>
<td></td>
<td>Applicant's Wife or Husband</td>
</tr>
<tr>
<td>9</td>
<td>Citizenship or Nationality of Applicant at the time of Application (see Note 1) Usual Signature of Applicant</td>
</tr>
</tbody>
</table>
10. Give the grounds on which you claim citizenship

11. Approximate date of any previous application for registration
Reference number an 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: ........................................

   If the answer is YES give details:

   EITHER the date on which, and the place where the declaration of renunciation was made.
   Date: .........................................................
   Place: .........................................................

   OR the date on which you were deprived of your citizenship:
   ..............................................................

13. Particulars of any other name(s) used for private purposes

14. 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. Date and place of first arrival in St. Vincent

18. Is your period of stay in this Country subject to any restriction? (YES or NO) ANSWER:

19. **PARTICULARS OF ORDINARY RESIDENCE (see Note 3)**
   Give all addresses at which you have lived during the last 8 years:

<table>
<thead>
<tr>
<th>Address (in full)</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>from</td>
</tr>
</tbody>
</table>

(continue on a separate sheet of paper if necessary)
20 KNOWLEDGE OF THE ENGLISH LANGUAGE
State whether fair good or excellent

21 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? ......................
(b) Have you made any composition
    with creditors? ....................................
(c) Have you been bankrupt? ........................
(d) If so have you been
    discharged from bankruptcy? ......................

22 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”)

<table>
<thead>
<tr>
<th>Nature of charge</th>
<th>Date</th>
<th>Place</th>
<th>Sentence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(b) Details of all non-criminal proceedings taken against you in the United Kingdom. (If the answer
    is none write “NONE”)

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23 MINOR CHILDREN (see Note 8)
(a) Full names including surnames
    of children under 18 years of age
to be registered

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Place of Birth</th>
<th>Present Address and Nationality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(b) Full names of all other
    children

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Place of Birth</th>
<th>Present Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I (full name) ............................................................................................................
hereby apply for registration as a citizen of St. Vincent and the Grenadines (and for the
registration of my minor children as indicated in section 23 above).

I do solemnly and sincerely declare that the foregoing particulars in this application
are true, and I make this solemn declaration conscientiously believing the same to be
ture.

If at anytime before a certificate is issued to me the accuracy of any of the foregoing
particulars is affected by an alteration in circumstances, I undertake to inform the

Signature of Applicant: .........................................................

MADE and SUBSCRIBED this ......................... day of ......................... 20......

before me (full name) .......................................................... at ................................

Address or
Office Stamp:

Signed: .................................................................

Qualification: ............................................................
(State whether Commissioner for Oaths, Justice of the
Peace, Notary Public or other authorised person)

SUBMISSION OF APPLICATION

Before sending in your completed form please list here the documents (eg. passport, birth certificate
etc.) which you are sending with it:

1 ............................................................................ 4 ...........................................

2 ............................................................................ 5 ...........................................

3 ............................................................................ 6 ...........................................

SEND ALL NECESSARY EVIDENCE WITH YOUR APPLICATION TO AVOID DELAY
APPLICATION FOR REGISTRATION AS A CITIZEN OF ST. VINCENT AND THE GRENADINES

REFERENCES

1. Name and full
   Postal Address
   (in BLOCK LETTERS)                Mr./Mrs./Miss: ........................................................................

   ........................................................................

   Tel. No. ........................................................................

   I, the undersigned, hereby state that I am a citizen of St. Vincent and the Grenadines; that I am a
   householder; and that I am not the solicitor or agent or a relative of .................................................................

   I support this application from my personal knowledge of, and close acquaintance with, the
   applicant for ................................................................. years.

   I vouch for his/her good character and loyalty and am prepared to furnish full details about my
   knowledge of, and acquaintance with, the applicant.

   Date: .................................................................         Signature: .................................................................

   2. Name and full
      Postal Address
      (in BLOCK LETTERS)                Mr./Mrs./Miss: ........................................................................

      ........................................................................

      Tel. No. ........................................................................

      I, the undersigned, hereby state that I am a citizen of St. Vincent and the Grenadines; that I am a
      householder; and that I am not the solicitor or agent or a relative of .................................................................

      I support this application from my personal knowledge of, and close acquaintance with, the
      applicant for ................................................................. years.

      I vouch for his/her good character and loyalty and am prepared to furnish full details about my
      knowledge of, and acquaintance with, the applicant.

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

OATH OF ALLEGIANCE

I ........................................................................................................ swear by Almighty God that I will be faithful and
bear true allegiance to Her Majesty Queen Elizabeth the Second Her Heirs and Successors, according
to Law.

........................................................................................................

Sworn and subscribed this ..................................... day of ................................................................. 20

........................................................................................................

State whether Justice of the Peace, Commissioner for Oaths, Notary Public or other authorised
person.

Name and address of person who administered the
Oath in block capitals

........................................................................................................

........................................................................................................

........................................................................................................