



# **POLICY GUIDELINES AND PROCEDURAL STEPS**

## **FOR APPLYING FOR ECONOMIC CITIZENSHIP OF THE COMMONWEALTH OF DOMINICA (Guidelines for Promoters/Agents/Applicants)**

**Financial Services Unit  
Ministry of Finance, Industry and Planning  
5<sup>th</sup> Floor Financial Centre  
Kennedy Avenue  
ROSEAU  
DOMINICA**

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# DOMINICA'S ECONOMIC CITIZENSHIP PROGRAMME

## Background

Chapter VII of the Constitution sets out the conditions under which citizenship may be obtained or granted. Sections 97 to 100 make provisions for entitlement to citizenship by birth, parentage and marriage respectively. Sec 101 allows Parliament to pass laws to grant citizenship to other persons who are not entitled under the preceding sections. Sec. 101 provides as follows:

**101.** There shall be such provision as may be made by Parliament for –

- (a) the acquisition of citizenship of Dominica by persons who are not eligible or who are no longer eligible to become citizens of Dominica under the provisions of this Chapter;
- (b) depriving of his citizenship of Dominica any person who is a citizen of Dominica otherwise than by virtue of section 97, 98 or 99 of this Constitution;
- (c) the renunciation by any person of his citizenship of Dominica.

Citizenship provided for by section 101 of the Constitution could only be granted under the Naturalization and Citizenship Act which stipulated that persons who had been continuously resident in Dominica for five (5) years could apply for naturalization and may be eligible for citizenship on payment of prescribed fees.

In 1993 the concept of Economic Citizenship was introduced whereby the residency requirement was waived. This amendment to the Citizenship Act meant that for a stipulated investment, persons could apply for Dominica citizenship.

## **Introduction**

Government views the economic citizenship programme as one component of its national capital mobilization portfolio towards its ultimate goal of national development and as such intends to channel capital from the economic citizenship programme towards public and private sector projects where a need is identified. Public sector projects identified for financing under the programme include (1) building of schools, (2) renovation of the hospital, (3) building of a national Sports stadium and (4) towards the promotion of the Offshore Sector. With respect to private sector projects, government emphasis is on the tourism, information technology and agricultural sectors and therefore public sector projects to be financed under the programme will fall within one of these sectors.

## **Investment Options**

### **Family Option**

#### ***Cash Investment***

Under this option the investor-applicant pays US\$100,000 which qualifies the investor, spouse and two (2) children under eighteen for economic citizenship. An additional US\$15,000 per child is required for children who have turned 18 years but are less than 21 years old (that is the child has yet 21 years old). Also, a cash contribution of US\$25,000 will be required for any additional child under twenty-one (21).

## **Single Option**

### ***Cash Investment***

A Single Option application is defined as one where the investor (whether single or married) is the sole applicant for economic citizenship. Under this option the “Single” investor would be required to make cash investment of US\$75,000 which would be directed towards public sector financing.

### **Other Applicable Fees**

<b>Application fee</b>	US\$1,000 per investor (Non-refundable)
<b>Processing Fee</b>	US\$200 per applicant (Non-refundable)
<b>Naturalization Fee</b>	US\$550 per applicant
<b>Stamp Fee</b>	US\$15 per applicant.

## Requirements

- Investors must be over 21 years of age.
- Applicants for Economic Citizenship must be of outstanding character.
- Application must be on the prescribed form and all necessary supporting documentation must be provided. **PLEASE BE ADVISED THAT ALL PHOTOCOPIED DOCUMENTS MUST BE CERTIFIED AS A TRUE COPY BY A NOTARY PUBLIC. FAX COPIES WILL NOT BE ACCEPTED. ALSO ALL DOCUMENTS SUBMITTED MUST BE IN ENGLISH. DOCUMENTS WHICH HAVE BEEN ISSUED IN A FOREIGN LANGUAGE MUST BE TRANSLATED BY AN OFFICIAL TRANSLATOR WHO SHOULD NOT BE THE AGENT/PROMOTER OF THE INVESTOR.**
- Included in the package also must be a letter of application for economic citizenship addressed to the Minister responsible for Citizenship stating the reason(s) for applying for economic citizenship.
- Application forms must be signed by applicant or by the parent or lawful guardian of children below eighteen (18) years old.
- Applicants must have a basic knowledge of the English language.
- Each investor/applicant under the programme shall deposit into the appropriate account at the National Commercial Bank of Dominica the amount of their investment. This amount shall not be withdrawn from the account unless the application is withdrawn, rejected or approved. In either of the first two cases the applicant will be refunded. However, if the application is rejected because of false information or declarations, forged or fraudulent documents submitted by the applicant then the investment will be forfeited to the Commonwealth of Dominica and shall not be refunded.
- If the application is refused, all sums (net of bank charges and exchange rate differential) paid into the designated account shall be refunded to the applicant within one (1) month of the rejection of the application. However, no sums paid as fees to Government on applications for economic citizenship shall be refunded. A request for refund shall be addressed to the Minister for Finance.
- Processing of applications for economic citizenship can take at least eight (8) weeks.
- All applicants for Economic Citizenship must have a promoter/agent. Overseas promoters must work with a local agent/promoter.

# Procedural Steps to applying for Economic Citizenship of the Commonwealth of Dominica

## Step One: Preparation of applications

Promoters/Agents/Applicants should familiarize themselves with the list of required documents attached. All the listed documents must be included in the application package in order for applications to be processed.

- (i) Application Form 12 must be completed in duplicate for **all** persons desirous of Dominican citizenship, children included. A parent or legal guardian of applicants under eighteen (18) years of age must sign the application Form 12 on behalf of the minor. **All Form 12s must be notarized to be complete.** Reproductions of the Form 12 are accepted. The section of Form 12 labeled “REFERENCE” can be left undone.
- (ii) Two (2) original personal references (**Not Professional References**) for the investor, spouse and any child over 18 years old. Testimonials should include a paragraph about the referee, who must be acquainted with the applicant for at least five (5) years. Identical testimonials will not be accepted. Also testimonials should not be from family members. An original letter of recommendation from the Principal/Dean of the school or university for children between 12 and 18 years old.
- (iii) One (1) original Professional reference for the investor. References should be from person who has been acquainted with the investor’s work for at least three (3) years.
- (iv) One (1) original recommendation from the investor’s banker (**Not a certificate of Deposit/Bank Statement**). The investor must be a client of the bank for at least two (2) years. The recommendation should contain the contact information for the bank. Unsigned bank recommendations will not be accepted.
- (v) Original Letter of Employment for the investor. If self-employed most recent audited financial statement of the business.
- (vi) Original affidavit by investor stating source of funds.
- (vii) Marriage certificate where applicable. If an applicant is divorced and has remarried then a notarized copy of the Dissolution of the Marriage is required.
- (viii) A letter of application addressed to the Honourable Minister responsible for Citizenship requesting citizenship is required of the investor or the head of the family applying for citizenship stating the reason(s) for applying for economic citizenship
- (ix) Original Police clearance certificate or a similar document provided by a law enforcement agency confirming the absence of a criminal record is required of all applicants sixteen

(16) years and over. Police records are required from country of birth, citizenship and residence (**where the applicant has lived for six (6) months or more**) if different. Police records are required from a County/State and at Federal Level. **All police records must be accompanied by a set of fingerprints. For children twelve to fifteen (12-15), sworn affidavit by parent that child does not have criminal record.**

(x) Four certified passport size photos. On the reverse side of each photo a notary public should endorse the following statement:

(xi) **“I certify that is a true likeness of the applicant Mr./Miss/Mrs./Ms \_\_\_\_\_”.**

(xii) Birth certificate for all applicants

(xiii) Notarized copies of University/College diplomas.

(xiv) Completed medical for all applicants. Applicants between the ages of 0-5 years will not be required to take an HIV test.

(xv) Non-refundable Processing Fee of US\$200.00.

(xvi) The non-refundable application fee of US\$200 and stamp cost of US\$15.00 as stated in the list of fees apply to each applicant. These fees and stamp costs must accompany the rest of the application package. Payments can be made in EC dollars and **must be net of all bank and transfer charges**. The exchange rate is US\$1.00 = EC\$2.70.

(xvii) A detailed resume/business background report is required of all applicants who are working adults. The occupation of all working adults must be clearly indicated.

(xviii) Completed Disclosure Form for all applicants over 16 years old.

(xix) Statutory declaration attesting that the information submitted in the application package is correct. If the applicant is experiencing difficulties in obtaining a statutory declaration, the document may be processed in Dominica.

(xx) Any other document deemed necessary by the Minister.

**DOCUMENTS SHOULD NOT PRE-DATE THE SUBMISSION OF THE APPLICATION TO THE FSU BY MORE THAN THREE (3) MONTHS**

## **Step two: Submission of application**

The complete application package should be submitted to:

The Manager  
Financial Services Unit  
Ministry of Finance, Industry & Planning  
5<sup>th</sup> Floor Financial Centre  
Roseau  
**COMMONWEALTH OF DOMINICA**  
Tel No.: 1 (767) 266 3073  
Fax No: 1 (767) 448-0054  
Email: [fsu@cwdom.dm](mailto:fsu@cwdom.dm)

## **Step Three: Comfort Letters and Investment Deposits**

After careful consideration of the application by the International Business Unit, the promoter/agent/applicant will be issued a comfort letter from the Minister of Finance, Industry and Planning. Upon receipt of the comfort letter, the stipulated investment should be deposited into the Citizenship account at the:

National Bank of Dominica  
For credit to Ministry of Finance & Planning Government of Dominica – Economic  
Citizenship Account No. 115003026  
64 Hillsborough Street  
Roseau  
Commonwealth of Dominica  
Swift code: **NCDMDMDM at BANK OF AMERICA, NEW YORK**

The name of the investor should be indicated clearly on the Wire Transfer/Deposit Slip.

Simultaneously, notification of the payment/deposit should be faxed to the Manager of the International Business Unit. **All investments should be net of bank and transfer charges.**

**INVESTMENTS WILL NOT BE TRANSFERRED FROM THIS ACCOUNT  
EITHER FOR PRIVATE OR PUBLIC SECTOR PROJECTS' USE UNTIL  
NATURALIZATION CERTIFICATES HAVE BEEN ISSUED.**

## **Step Four: Interviews, Taking Of Oaths & Naturalization**

### **(i) Interviews**

It is mandatory that all investors be interviewed by a government appointed committee or committee members. Interviews are to be conducted in Dominica. The interview will be conducted in English and therefore applicants are expected at a minimum to be able to

communicate verbally in English. Also if an investor is unable to travel to Dominica and wish to have his interview conducted overseas then he would be required to pay US\$3,000 plus the full cost (hotel, airfare and Per Diem) for three members of the interview panel. It should be noted that under no circumstances will an interview be waived. Government has an approved list of translators who are able to assist in the case where an applicant is not fluent in the English language. A fee of US\$100 will be charged for the use of a translator. Interviews will only be conducted where all documents are in order **one (1) week prior** to the date of the interview and the agent/promoter confirms that the investor will be attending the interview. The questions posed at the interview will fall within the following categories:

- Personal information and eligibility for Dominica citizenship
- Social, political and economic life in Dominica
- Reason for seeking Dominica Citizenship and proposed contribution to Dominica's socio-economic growth
- Allegiance to Dominica

It is the responsibility of the promoter/agent/applicant to make the appropriate arrangements and appointments through the Financial Services Unit with regard to the interview.

The agent will be notified about the results of the one month (1) after the interview date. If the application is recommended by the interviewing committee for further processing, it will be forwarded to the Ministry of National Security, Immigration and Labour, that is the ministry responsible for granting economic citizenship. **It should be noted that submission of an application to this ministry does not guarantee economic citizenship.**

(ii) **Taking of Oath**

Upon final approval of application by the Minister for Legal Affairs, Immigration and Labour each applicant is required to sign an Oath of Allegiance before a Notary Public, Justice of Peace or Commissioner of Oaths. Parents or legally appointed guardians of minors, ages zero to sixteen (0 - 16) must sign the Oath of Allegiance on the behalf of the minor. At this point, each applicant is to pay a registration fee of US\$1,000.00. A Certificate of Naturalization is then prepared and forwarded to the promoter/agent/applicant.

**Step Five: Procurement of Passports**

Passports can only be issued after the applicant has been granted citizenship of the Commonwealth of Dominica, that is, after he/she is issued a Certificate of Naturalization under the authority of the Ministry of Legal Affairs, Immigration and Labour. The applicant/agent/promoter is entirely responsible for the securing of passports. No government officer or department is responsible for applying for passports for any individual. Passports can be procured by submitting the following to the Immigration Office, Police Headquarters, Roseau.

- (i) Certificate of Naturalization

- (ii) Certified copy of birth certificate
- (iii) (ii) Completed passport application forms for each applicant along with Government Treasury receipt of EC\$100 on Form "A" for adults or Form "B" for children (0-16 years). These forms must be submitted as issued by the Immigration Department.  
**Reproduction or duplicates will not be accepted.**
- (iv) Two passport-size photographs - 2.5" x 2"

Fees for:

1. Renewal of Passports – EC\$100.00
2. Replacement of Lost Passports – EC\$500.00

## **Procedures For The Conduct Of Due Diligence Investigations**

The following procedure is to be adopted for the conduct of due diligence investigations: -

1. The Disclosure Form is to be completed in duplicate for all applicants sixteen (16) years and above.
2. The agent/promoter/investor should forward the original Disclosure Form together with the necessary payment to the due diligence agency. The duplicate form together with the other required application documents will be submitted to the FSU
3. After the background investigation has been completed, the due diligence company will forward the results directly to the FSU.

**It should be noted that the cost of the investigation is the responsibility of the applicant.**

### **Approved Due Diligence Agencies**

1. Ms. Marianne O'Keefe  
President  
Bishops Investigative Services Worldwide  
23801 Calabasas Road  
Calabasas  
CA 91302  
Tel No: (818) 223-8778  
Fax No. (818) 223-9699  
Email: [bishopsinc@earthlink.net](mailto:bishopsinc@earthlink.net)
2. Ms. Mariela Geier  
Senior Director  
Kroll Associates  
1200 Brickell Avenue  
20<sup>th</sup> Floor  
Miami  
Florida 33131  
Tel No. (305) 789-7100  
Fax No. (305) 789-7159  
Email: [mgeier@krollworldwide.com](mailto:mgeier@krollworldwide.com)



# FORM 12

## COMMONWEALTH OF DOMINICA CITIZENSHIP ACT CH. 1:10 (Section 8)

Application for naturalisation as a citizen of Dominica made by a person seeking a waiver of residence requirements under section 8 (2) (c) of the Commonwealth of Dominica Citizenship Act, 1978.

MADE under section 8 of the Act.

(N.B. Applicants are requested to submit (a) two (2) completed copies of this Form; (b) four (4) identical passport size photographs; (c) a police certificate of character.)

### PARTICULARS OF APPLICANT

1. I,.....  
of .....  
(insert address of applicant) was born at  
.....

2. I was married at .....  
to .....  
(here insert full name of (wife) (husband) (of late of)  
(here insert wife's) (husband's) address, or last address if deceased).

3. My marriage (is still subsisting) has been terminated by reason of (If the marriage is not subsisting, state whether it was terminated by the husband's death or by divorce.

4. There are ..... unmarried children below the age of 18, of the marriage namely  
(here list names, addresses and date of birth of children).  
.....  
.....  
.....  
.....

\*5.(1) I am a citizen of the following countries:

(i) .....

(ii) .....

(iii) .....

\* *Delete which is inapplicable.*

\*\* (2) I am British protected person by reason of the following facts:

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

(3) I am an alien and a subject or citizen of the following foreign country/countries, that is to say:

.....

(4) (a) I am a stateless alien and was formerly a citizen of the following country or countries:

(i) .....

(ii) .....

(iii) .....

\*\*\* (b) I have ceased to be a citizen of the above country/countries by reasons of the following facts:

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

\*\* State in the space under (b) the protectorate or territory from which the applicant derives the status of a British protected person.

\*\*\* State under (b) the cause whereby the applicant ceased to be a subject or citizen of the country or countries in question, whether the country is one mentioned in section 1 (3) of the British Nationality Act, 1948 or is the Republic of Ireland or is a foreign country.

(5) I am a stateless alien and have always been stateless.

6. \*(a) I am ordinarily resident in .....

(b) I am in the service of the Commonwealth of Dominica.

SERVICE OF THE COMMONWEALTH OF DOMINICA

\*\*7. (1)(a)(i) Capacity of Service .....

(ii) From ..... to .....

(b)(i) Capacity of Service .....

(ii) From .....to .....

(c) (i) Capacity of Service .....

From ..... to .....

(2)(a) I have been granted permission to reside temporarily in Dominica.

(b) Date of Permit

(c) Ref: No. of Permit .....

State the country of residence.

State capacity of service/s in Government (e.g. Diplomatic/Consular) or other giving date/s of appointment.

**SPECIAL CIRCUMSTANCES**

The special circumstances in which I desire that the period of ordinary residence be waived are:

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

\*\*\*8. I (have) (have not) previously renounced or been deprived of citizenship of the United Kingdom and Colonies, or of the Commonwealth of Dominica. (If the applicant has renounced his citizenship of the United Kingdom and Colonies, here state the date on which the declaration or renunciation was made; and if he has been deprived of his citizenship, state the date on which and the authority by whom, the order or deprivation was made).

9. I have read the caution at the foot of this application.

10. I hereby apply to be registered as a citizen of Dominica.

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

.....  
(Signature of Applicant)

*Delete as appropriate*

Made and subscribed this ..... day of ..... 20.... before me.

.....  
(Justice of the Peace, Commissioner, Notary Public).

**REFERENCE**

Name (in block letters) .....

Address .....

I, the undersigned, hereby state that I am a citizen of Dominica. I support this application from any personal knowledge of the applicant and my close acquaintance with him for ..... years.

Date ..... 20 .....

.....  
(Signature)

**CAUTION**

Section 19 of the Commonwealth of Dominica Citizenship Act (Ch.1:10) provides as follows:

"19.(1) A person who, for the purpose of procuring anything to be done or not to be done under this Act, knowingly or recklessly makes a statement which is false in a material particular shall be, without prejudice to any other proceedings that might be taken against him, liable on summary conviction to a fine of seven hundred and fifty dollars and to imprisonment for three months.

(2) Any person who fails to comply with any requirement imposed on him by Regulations made under this Act shall be liable to a fine of seven hundred and fifty dollars and to imprisonment for six months."



## **DISCLOSURE FORM - INDIVIDUAL**

**(Complete in Duplicate. Forward one (1) copy with the required attachments to the financial Services Unit)**

### **GENERAL INSTRUCTIONS**

TYPE OR PRINT AS **LEGIBLY AS POSSIBLE**. AN ANSWER TO EVERY QUESTION IS REQUIRED. IF A QUESTION DOES NOT APPLY TO YOU INDICATE WITH "N/A". IF SPACE IS INSUFFICIENT, USE A SEPARATE SHEET.

ALL INDIVIDUALS ARE ADVISED THAT THIS PERSONAL HISTORY RECORD IS AN OFFICIAL DOCUMENT AND ANY MISREPRESENTATION OR FAILURE TO REVEAL INFORMATION REQUESTED MAY BE DEEMED TO BE SUFFICIENT CAUSE FOR THE REFUSAL OR REVOCATION OF HIS/HER APPLICATION/LICENCE.

**Place  
Photo  
Here**

<b>LAST NAME<sup>1</sup></b>
<b>FIRST NAME</b>
<b>MIDDLE NAME(S)</b>
<b>ALIASES</b> <b>(Maiden or other name changes -</b> <b>Include date of change)</b>
<b>SOCIAL SECURITY NO. or</b> <b>NATIONAL ID NO.</b>

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<sup>1</sup> Provide a copy of your birth certificate, passport, Social Security/National ID, and Driver's license.

**Additional Personal Information:**

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Passport No. \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Drivers License No. \_\_\_\_\_ State Issued \_\_\_\_\_

Color of Eye \_\_\_\_\_ Color of Hair \_\_\_\_\_ Complexion \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Build \_\_\_\_\_

Distinguishing Marks \_\_\_\_\_

**Current Residence Address:** \_\_\_\_\_ Date Since \_\_\_\_\_

Street \_\_\_\_\_ Apt/House No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip Code \_\_\_\_\_

**Communication Numbers:**

Residence Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Telephone (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**RESIDENCES** (List all residences (other than current) you have had for the last ten (10) years)

1. From \_\_\_\_\_ To \_\_\_\_\_

Street \_\_\_\_\_ Apt/House No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip Code \_\_\_\_\_

2. From \_\_\_\_\_ To \_\_\_\_\_

Street \_\_\_\_\_ Apt/House No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip Code \_\_\_\_\_

3. From \_\_\_\_\_ To \_\_\_\_\_  
 Street \_\_\_\_\_ Apt/House No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Country \_\_\_\_\_ Zip Code \_\_\_\_\_

**Marital Information:**

Single  Married  Separated  Divorced  Widowed  Engaged

**Current Marriage<sup>2</sup>:**

Date \_\_\_\_\_ Place/City \_\_\_\_\_  
 State \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_

Spouse's Full Name (Maiden) \_\_\_\_\_

Spouse's Place of Birth \_\_\_\_\_

Spouse's Residence (if different) Street \_\_\_\_\_ Apt/House No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Spouse's Residence Telephone (if different) \_\_\_\_\_

Spouse's Business Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address of Spouse's Employer Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip Code \_\_\_\_\_

**Previous Marriages/Engagement**

(If ever legally separated, divorced or annulled, indicate below)

Name of Spouse	Date of Order/Decree	Nature of Action	City/Sate/Country

List the names, birth dates, and addresses of previous spouses. **If engaged, enter future spouse with notation:**

<sup>2</sup> Please provide a copy of your marriage certificate

Name	Birth Date	Address

**Family Information**

**Children and Dependents:** List all children, including stepchildren and adopted children and provide the following:

Name	Birth Date	Address	Occupation

**Parents:** List parents, parents-in-law, or legal guardian and provided the following:

<b>Name</b>	<b>Birth Date</b>	<b>Address</b>	<b>Occupation</b>
<b>Father:</b>			
<b>Mother:</b>			
<b>Father-in-Law:</b>			
<b>Mother-in-Law:</b>			

**Brothers and Sisters:** List all brothers and sisters and provide the following:

<b>Name</b>	<b>Birth Date</b>	<b>Address</b>	<b>Occupation</b>

## EDUCATION

List all academic and trade schools attended:

	School Name	Address	Dates Attended	Graduated
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>
College/University				Yes <input type="checkbox"/> No <input type="checkbox"/>
College/University				Yes <input type="checkbox"/> No <input type="checkbox"/>
College/University				Yes <input type="checkbox"/> No <input type="checkbox"/>
Trade				Yes <input type="checkbox"/> No <input type="checkbox"/>

List all Academic Degrees Conferred:

Degree	College/University	Date

**EMPLOYMENT HISTORY:** Beginning with your current employment, list your work history, all business with which you have been involved, and/or all periods of unemployment for the past 10 years. Also, list all corporations, partnerships or any other business ventures with which your have been associated as an officer, director, stockholder, or related capacity.

(If self-employed provide the name, address and nature of Business)

**Note: May we contact your current employer?** Yes  No

Name of Employer	Address of Employer (Include Tel. No.)	Position Held	Dates (Month and Year)		Reason for Leaving
		Supervisor's Name:	From	To	
		Supervisor's Name:	From	To	
		Supervisor's Name:	From	To	
		Supervisor's Name:	From	To	

## MILITARY INFORMATION

Have you ever served in any armed forces? Yes<sup>3</sup>  No   
(If yes, answer the following questions)

Branch \_\_\_\_\_

Date of entry active service \_\_\_\_\_

Date of separation \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Rating at separation \_\_\_\_\_ Serial Number \_\_\_\_\_

While in the Military service were you ever arrested for an offense, which resulted in summary action, a trial, or special or general court martial? Yes  No  (If yes, furnish details.)

## ARRESTS, DETENTIONS, AND LITIGATIONS (Include those arrests in which you were not convicted.

Have you ever been arrested, detained, charged, indicted, or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except Minor traffic citations.) Have you ever testified before a grand jury or investigative hearing or probe? If so give details. List all cases without exception.

Have you ever been subpoenaed to appear to testify before a federal, state, or county grand jury, board or commission? Yes  No  (If yes give details)

Has a criminal indictment, information, or complaint ever been returned against you, but for which you were not arrested or in which you were named as an un-indicted co-party?

\_\_\_\_\_  
<sup>3</sup> Provide a copy of your USA military record, (DD214) or discharge papers from country of military service

Yes  No  If yes, furnish details.

Have you ever received a pardon for any criminal offense? Yes  No   
If yes, note Date, City, County, State and Country.

Have you ever had a civil or criminal record expunged or sealed by a court order?

Yes  No  If yes, give details.

Have you, as an individual, or as an owner, partner, director or officer of any partnership, corporation or other entity, ever been a party to a lawsuit as either a plaintiff or defendant? (Other than divorces). Yes  No

If yes, give details. List all cases without exception, including bankruptcies:

<b>Plaintiff/Defendant</b>	<b>Court &amp; Case No.</b>	<b>City/County/State Country</b>	<b>Disposition</b>

## CHARACTER REFERENCES

Complete the following tables by listing three (3) character references who have known you for five (5) years or more. DO NOT include relatives, present employer, or employees:

<b>First Name/Middle Initial</b>	<b>Last Name</b>	<b>Years Known</b>
<b>Address</b>	<b>City/State/Zip Code</b>	<b>Occupation</b>
<b>Employer</b>	<b>Work Phone</b>	<b>Home Phone</b>

<b>First Name/Middle Initial</b>	<b>Last Name</b>	<b>Years Known</b>
<b>Address</b>	<b>City/State/Zip Code</b>	<b>Occupation</b>
<b>Employer</b>	<b>Work Phone</b>	<b>Home Phone</b>

<b>First Name/Middle Initial</b>	<b>Last Name</b>	<b>Years Known</b>
<b>Address</b>	<b>City/State/Zip Code</b>	<b>Occupation</b>
<b>Employer</b>	<b>Work Phone</b>	<b>Home Phone</b>

Have you ever held a privileged or professional license in any state, including but not limited to the following:

- |                                |                          |                           |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| Liquor                         | <input type="checkbox"/> | Boxing Promoter           | <input type="checkbox"/> |
| Real Estate Broker or Salesman | <input type="checkbox"/> | Race Horse/Race Dog Owner | <input type="checkbox"/> |
| Accountant                     | <input type="checkbox"/> | Jockey                    | <input type="checkbox"/> |

Lawyer	<input type="checkbox"/>	Trainer or Manager	<input type="checkbox"/>
Doctor	<input type="checkbox"/>	Securities Dealer	<input type="checkbox"/>
Casino Operator	<input type="checkbox"/>		

If yes to the previous question, state type of license, where held, years held, and the nature of any disciplinary actions taken against you with respect to these licenses.

Have you ever applied for citizenship of any other country?      Yes       No   
 (If yes give details)

Have you ever been the subject of any order, judgment or decree of any federal or state authority barring, suspending, or otherwise limiting your right to engage in any professional or business practice or activity?      Yes       No   
 (If yes give details)

**I certify that the facts contained in this disclosure are true and complete to the best of my knowledge and I further understand that any false statements on this form shall be grounds for rejection.**

**I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company conducting the investigation and the Government of Dominica from all liability for any damage that may result from utilization of such information.**

**SIGNATURE** \_\_\_\_\_      **DATE** \_\_\_\_\_

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **200** .

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Commission Expiration Date**

\_\_\_\_\_  
**SEAL**



## MEDICAL QUESTIONNAIRE

This Medical Questionnaire is to be completed in English by a Registered Medical Practitioner. Any additional information can be submitted on a separate sheet of paper. The Medical Practitioner must ask for evidence of identification (such as a passport or ID card).

<b>Full Name</b>	
<b>Address</b>	
<b>Email Address</b>	<b>Sex</b>
<b>Weight</b>	<b>Height</b>
<b>Marital Status</b>	<b>Occupation</b>
<b>Social Security No./National Id No./Passport Number</b>	
<b>Date and Place of Issue of Social Security No./National Id No./Passport Number</b>	

### Statement of Health:

*The Medical Examiner is requested to ask the following questions or to review them if they have been answered previously. Give details and dated if any of the questions below are answered with "Yes"*

1. Do you currently have any health problems? Yes  No

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2. Have you ever been hospitalized? Yes  No

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3. Have you visited a doctor in the last three (3) years? Yes  No

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4. Do you suffer from or have you ever suffered from any of the following

(a) Tuberculosis Yes  No

(b) Leprosy Yes  No

(c) Hepatitis (specify type) Yes  No

(d) Typhoid, dysentery or any other infectious or Communicable diseases Yes  No

(e) AIDS or AIDS related conditions, any Immune Deficiency Syndrome Yes  No

(f) Genetic or Familial Disorders Yes  No

(g) Deafness or Chronic Ear Disease Yes  No

(h) Blindness or Eye Disease Yes  No

(i) Any cancerous disease: benign/malignant Yes  No

(j) Headache migraine, epilepsy or dizziness Yes  No

(k) Nervous or mental illness or disorders Yes  No

(l) Any allergies, asthma or pulmonary disease Yes  No

(m) Cardiovascular diseases, arterial Hypertension Yes  No

(n) Liver, stomach or intestinal diseases Yes  No



## Medical Examination

*The Medical Examiner is required to examine the applicant and to answer the following questions. Give details and dates if any of the questions below are answered with "Yes".*

5. **Skin** – Are there any signs of skin disease? Yes  No

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6. **Respiratory System** – Any signs of abnormalities, (Including nose and lungs)? Yes  No

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7. **Cardiovascular System** – Any signs of abnormalities, (Including pulse, blood pressure, heart murmurs)? Yes  No

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8. **Digestive Organs and abdomen** – Any signs of abnormalities? Yes  No

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9. **Urogenital Organs** – Any signs of abnormalities? Yes  No

**Urinalysis:** Protein \_\_\_\_\_ Sugar \_\_\_\_\_ Sediment \_\_\_\_\_

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10. **Nervous System and Sense Organs** – Any signs of abnormalities? Yes  No

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11. **Musculoskeletal System** – Any signs of abnormalities? Yes  No

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12. **Endocrine System** – Any signs of abnormalities, including thyroid? Yes  No

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13. **Various** – Any other signs of abnormalities? Yes  No

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14. **Final Evaluation**

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15. **Comments**

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**Important: Please attach original results of the following**

- (i) HIV test for all applicants over 5 years old
- (ii) Routine Blood and urine test
- (iii) Immunization schedule against the following
  - Diphtheria
  - Tetanus
  - Hepatitis
  - Influenza
  - Pneumococcus

## Medical Examiner's Details and Declaration

<b>Full Name and Qualifications</b>	
<b>Specialty</b>	
<b>Address</b>	
<b>Telephone No.</b>	<b>Email Address:</b>
<b>Fax No.</b>	

I hereby confirm that I have identified, questioned and examined the applicant and have answered all questions to the best of my knowledge and in good faith.

\_\_\_\_\_  
**Signature of Medical Examiner**

\_\_\_\_\_  
**Place and Date of Examination**

\_\_\_\_\_  
**Name and Stamp of Medical Examiner**



## FINAL CHECKLIST

- Two (2) completed and notarized copies of Application Form 12 for each applicant
- Letter of recommendation from the head of the school/university for children between 12 and 18 yrs old
- One (1) professional reference                       Letter of Employment/Audited Financial Statement
- Recommendation from applicant's Bankers                       Two (2) Personal references
- Police Record, with fingerprints, from country of birth and country of residence (if different) for each applicant sixteen (16) years and over. For children twelve fifteen (12-15), sworn affidavit by parent that child does not have criminal record.
- Four (4) passport size photos for each applicant
- Marriage Certificate/Dissolution of Marriage if required
- Birth Certificate
- Medical Certificate
- Application Fee of US\$1,000  
Naturalization Fee of US\$550 for each applicant
- Letter addressed to the Minister responsible for Citizenship.
- US\$15.00 stamp fee & US\$200.00 Processing fee per applicant.
- Affidavit of Source of Funds.
- Detailed Business Background Reports/Resume                       Notarized copies of University/College diplomas.
- Notarized Disclosure Form                       Statutory Declaration