





# CITIZENSHIP BY INVESTMENT PROGRAMME

APPLICATION FOR SAINT LUCIA CITIZENSHIP SL5

Please read the following explanatory notes carefully before completing your application form

## **EXPLANATORY NOTES**

- This form is to be used for making an application to be registered as a citizen of Saint Lucia under the Citizenship by Investment Act No.14 of 2015 of Saint Lucia.
- 2. All applications must be submitted by a licensed authorised agent.
- 3. This form is to be completed in English and must be submitted in BOTH electronic and printed form.
- 4. If more than one person applies, either as a couple or as a family, one form for each person (including children) is to be completed.
- 5. This form MUST be completed by the Principal Applicant, as well as each accompanying qualifying dependent.
- Each form should be signed personally except in the case of a child below the age of 18 or where the qualifying dependent is physically or mentally challenged.
- 7. For a child who is below the age of 18, both parents may be required to sign the forms on behalf of the child as their legal guardians.
- In the event that one parent has sole custody of the child, appropriate documentation MUST be provided as evidence of custody and that parent will be required to sign the form.
- In the event that another person is the legal guardian of the child, appropriate documentation must be provided as evidence of guardianship and that individual will be required to sign the form.
- 10. In the cases of 6 and 7 above, an affidavit from the non-accompanying parent(s) of the child indicating that they have no objection to their child becoming a Saint Lucia citizen, MUST be attached to the child's form.
- 11. In the cases of 6 and 7 above, certified true copy of a photo ID bearing the signature of the non-accompanying parent(s) of the child MUST be attached to the child's form.
- 12. Note that if it is deemed necessary, you may be required to attend an interview in Saint Lucia or at an Embassy or High Commission of Saint Lucia. In case an interview is required, you will be notified through your Authorised Agent in due course after you have submitted your application.
- All supporting documents submitted with the application must be in the English Language or an authenticated translation into the English Language.

An "authenticated translation" means a translation effected by either a professional translator who is officially accredited to a court of law, a government agency, an international organization or similar official institution, or if effected in a country where there are no official accredited translators, a translation effected by a company whose role or business is effecting professional translations.

- 14. Where a document is required to be submitted, either the original or a certified copy must be provided. A "certified copy" means a photocopy or facsimile of the original document certified by a notary, Attorney-at-Law or Commissioner of Oaths to be a true copy of the original.
- 15. A copy of the credentials or professional certificate(s) of the translator must be presented where a translator, notary, Attorney-at-Law or Commissioner of Oaths translates or certifies a document.
- 16. Where original documents or certified copies of original documents that have been issued by a third country are presented, in the case of countries that are parties to the Hague Convention, the translated documents with the original or certified copy of the original document must be authenticated by an Apostille, in accordance with the provisions of the Hague Convention. In the case of countries that are not parties to the Convention, a seal or stamp indicating an authenticated translation may be accepted.
- 17. Applicants over the age of 16 MUST provide a police certificate (sometimes also referred to as a "police clearance certificate" or "certificate of no criminal record") from a national law enforcement authority (usually the police or a department of the Ministry of Justice or a similar government body) that confirms that the applicant has no criminal record. A police certificate MUST be from his/her country of birth and any country where he/she has resided over for over a year during the 10 years immediately preceding this application" at the end.
  - In most countries police certificates are easily available upon request from a central police/government office.
  - b. The procedure for obtaining police certificates from some countries however state that the police authorities will only send the certificate directly to the foreign government requesting the certificate. In this case, please provide an explanation.
- 18. Note that applications can only be accepted and processed if:
  - a. This form is properly completed, dated, signed;
  - b. This form is accompanied by all requisite documentation; and
  - c. The non-refundable processing and due diligence fees have been paid.

The only exceptions are police certificates which may be handed in separately. See 17 b above).

 Original application forms MUST be submitted. Photocopies of completed forms are not acceptable.

# **INSTRUCTIONS**

You must answer all questions on this application form unless indicated otherwise.

Download and fill out the application form on a computer.

You have the option of saving your form and completing it later.

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| 1. PERSONAL DETAILS  |  |  |   |      |
|--|--|--|---|------|
| 1.1 Your full name (as shown on you  | r birth certificate. Confirmation of your fu | ll name (certified copy of full birth    | n certificate OR excerpt of full birth record | l)   |
| Last Name (family name)  |  | First (given name)                       |   |      |
| Middle Name(s)   |  | Other Name(s)                            |   |      |
| 1.2 You current name, if different fron  | n above                                      |  |   |      |
| Last Name (family name)  |  | First (given name)                       |   |      |
| Middle Name(s)   |  | Other Name(s)                            |   |      |
| 1.4 Name in Ethnic Script  |  |  |   |      |
| 1.5 Date of Birth (DD/MM/YYYY)   | 1.6 Place and Country of Birth               |  | <br>1.7 Gender                                |      |
| 1.8 Citizenship at Birth   |  |  |   |      |
| 1.9 Do you hold, or have you ever he<br>If yes, please specify the country or c<br>changes were recorded. Proof of otl | Id any other citizenship?                    | □ No  D. List any dates of any changes o | f citizenship including the place at which    | such |

| 1.10 Do you hold, or have you ev                      | ver held permanent residency in any o | country?  Yes  No  |   |
|---|---------------------------------------|--|---|
|   |                                       | ermanent residency. List any dates of any o<br>dency (Permanent Resident Card or Certifica | changes of permanent residency including the ate) |
|   |                                       |  |   |
|   |                                       |  |   |
|   |                                       |  |   |
| 1.11Do you have a work permit v                       | which enables you to work in any cou  | ntry?  |   |
| If yes, please list the names of the                  | e country or countries in which you a | re permitted to work.  |   |
|   |                                       |  |   |
|   |                                       |  |   |
|   |                                       |  |   |
|   |                                       |  |   |
| 1.1 2 Have you ever served in the                     | e armed forces?                       | No   |   |
| If yes, please provide details inclinilitary record). | uding branch, date of entry and sepa  | ration and ranking at separation. Proof of se  | ervice in the armed forces (Certified copy of     |
| Branch  | Date of Entry                         | Date of Separation   | Rank at Separation                                |
| Branch  | Date of Entry                         | Date of Separation   | Rank at Separation                                |
| Branch  | Date of Entry                         | Date of Separation   | Rank at Separation                                |
| Branch  | Date of Entry                         | Date of Separation   | Rank at Separation                                |
| 2. IDENTIFICATION INFORMATION                         |                                       |  |   |
| Provide six passport-sized, colour requirements       | photographs of yourself taken withir  | the last six months. Refer to the Documer  | at Checklist SL1 for details on the photograph    |
| 2.1 Colour of your eyes 🔲 B                           | lue 🗌 Grey 🗌 Brown                    | ☐ Green ☐ Black ☐ Othe   | er  |
| 2.2 Your height                                       |                                       |  |   |
|   | FT IN                                 |  |   |
|   |                                       |  |   |
| 3 Distinguishing Marks                                |                                       |  |   |

| 2.4 Social Security Details                                |   |   |   |
|--|---|---|---|
| Social Security Number                                     | Issuing Country                                       |   |   |
| 2.5 National Identification Card De                        | etails (Attach a certified copy of your national i    | dentification card)                       |   |
| ID Card Number   | Issuing Country                                       | Expiry Date                               |   |
| 2.6 Driver's Licence Details                               |   |   |   |
| Driver's Licence Number                                    | Issuing Country                                       | Expiry Date                               |   |
| 2.7 Passport Details. Attach certific                      | ed copies of all the pages of your current passp      | port(s)                                   |   |
|  | Complete for passport issued by your country of birth | Complete for each additional if required. | passport you hold. Attached additional pages    |
|  | Passport 1  | Passport 2                                | Passport 3                                      |
| Issuing Country  |   |   |   |
| Passport Number  |   |   |   |
| Place of Issue   |   |   |   |
| Date of Issue  |   |   |   |
| Date of Expiration   |   |   |   |
|  |   |   |   |
| 2.8 Contact Information                                    |   |   |   |
| Home Telephone Number                                      | Mobile Telephone Number                               | Facsimile Number                          | Other Telephone Number                          |
| Email Address  |   |   |   |
| 2.9 Current Address (NOTE: you M<br>full name and address. | UST provide proof of your current residence. F        | Proof of residence (certified copy O      | R recent utility bill OR bank statement showing |
| Street Address   |   | City                                      | State   |
| Country  |   | Zip Code                                  |   |
| Data sin an unsidin u at accument ada                      |   |   |   |

Date since residing at current address (DD/MM/YYYY)

| 2.10 Permanent Residential Address (if different from current address)   |                                  |  |                                      |
|--|----------------------------------|--|--------------------------------------|
| Street Address   | City                             | State                                    |                                      |
| Country  | Zip Code                         |  |                                      |
| Date since residing at permanent address (DD/MM/YYYY)  |                                  |  |                                      |
| 2.11 List all addresses where you have lived for the last ten years. Please ensu   | ure that there are no gaps       | in your history.                         |                                      |
| From To MM/YYYY MM/YYYY Street Address   | City                             | Country                                  | Postal Code                          |
|  |                                  |  |                                      |
|  |                                  |  |                                      |
|  |                                  |  |                                      |
|  |                                  |  |                                      |
| 3. INFORMATION ABOUT YOUR FAMILY   |                                  |  |                                      |
| Give details of all family members, whether applying for citizenship or not, qualifying dependent(s) applying for citizenship, please note that in additic complete an Application for Registration as a Citizen of Saint Lucia Form (S In the case of a family member who is deceased, please give their details an | on to submitting their de<br>L5) | tails on this form, each accompanyi      | e and any other<br>ng dependent MUST |
|  | arital status Proof of mar       | ital status (marriage certificate OR div | orce decree)                         |
|  | dowed Separat                    |  | orec decree,                         |
| If married, please provide details of your marriage  |                                  |  |                                      |
| Date of Marriage (DD/MM/YYYY) Place of Marriage (City/State/Cour   | nty/Country)                     |  |                                      |
| 3.2 Spouse's Personal Details (if engaged, enter details of future spouse)   |                                  |  |                                      |
| Spouse's Full Name (after marriage)  |                                  |  |                                      |
| Last Name (surname)  | First Name (giver                | name)                                    |                                      |
| Middle Name(s)   | Other Names (kn                  | own as)                                  |                                      |
| Spouse's Full Name (before marriage)   |                                  |  |                                      |

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| Date of Birth (DD/MM/YYYY)                        | Place and Country of Birth            |   |                                  |
|---|---------------------------------------|---|----------------------------------|
| Nationality/Citizenship                           |                                       | Passport Number   |                                  |
|   | ent from your residential address)    |   |                                  |
| Street Address                                    |                                       | City  | State                            |
| Country   |                                       | Zip Code  |                                  |
| Date since residing at current addre (DD/MM/YYYY) | SS                                    | Spouse's home telephone number (if different from your home number) | Spouse's Mobile Telephone Number |
| Spouse's Occupation                               |                                       | Is your spouse included in this applicat                            | cion? Yes No                     |
| 3.3 Previous Spouse's Personal Details            | s if Applicable                       |   |                                  |
| Previous Spouse's Full Name (after r              | narriage)                             |   |                                  |
| Place of Birth                                    |                                       | Date of Birth (DD/MM/YYYY)  |                                  |
|   | e marriage)                           |   |                                  |
| Date of Divorce Order/Decree                      | Period of Marriage (indicate the numb | per of months and years of marriage)                                |                                  |
| Previous Spouse's Full Name (after                | marriage)                             |   |                                  |
| Place of Birth                                    |                                       | Date of Birth (DD/MM/YYYY)  |                                  |
|   | e marriage)                           |   |                                  |
| Date of Divorce Order/Decree                      | Period of Marriage (indicate the numb | per of months and years of marriage)                                |                                  |
| Previous Spouse's Full Name (after                | marriage)                             |   |                                  |
| Place of Birth                                    |                                       | Date of Birth (DD/MM/YYYY)  |                                  |
| Previous Spouse's Full Name (befo                 | re marriage)                          |   |                                  |
| Date of Divorce Order/Decree                      | Period of Marriage (indicate the numb | er of months and years of marriage)                                 |                                  |

| 3.4 Father's Personal Details   |   |                                  |
|---|---|----------------------------------|
| Father's Last Name (surname)  | Father's First Name (given name)                                    |                                  |
| Father's Middle Name(s)   | Father's Other Names (known as)                                     |                                  |
| Date of Birth (DD/MM/YYYY)  Father's Place and Country of Birth           |   |                                  |
| Father's Nationality/Citizenship  | Father's Passport Number  |                                  |
| Father's residential address (if different from your residential address) |   |                                  |
| Street Address  | City  | State                            |
| Country   | Zip Code  |                                  |
| Date since residing at current address (DD/MM/YYYY)                       | Father's home telephone number (if different from your home number) | Father's Mobile Telephone Number |
| Father's Occupation   | Is your father included in this applicati                           | ion? Yes No                      |
| 3.5 Mother's Personal Details   |   |                                  |
| Mother's Last Name (surname)  | Mother's First Name (given name)                                    |                                  |
| Mother's Middle Name(s)   | Mother's Other Names (known as)                                     |                                  |
| Date of Birth (DD/MM/YYYY)  Mother's Place and Country of Birth           |   |                                  |
| Mother's Nationality/Citizenship  | Mother's Passport Number  |                                  |
| Mother's residential address (if different from your residential address) |   |                                  |
| Street Address  | City  | State                            |
| Country   | Zip Code  |                                  |
| Date since residing at current address (DD/MM/YYYY)                       | Mother's home telephone number (if different from your home number) | Mother's Mobile Telephone Number |
| Mother's Occupation   | Is your mother included in this applica                             | ation? Yes No                    |

| 3.6 Children's Personal Details (Complet            | te for all biological, adopted and step chile | dren. Attach additional sheets if required)                        |                                 |
|---|---|--|---------------------------------|
| Child's Last Name (surname)                         |   | Child's First Name (given name)                                    |                                 |
| Child's Middle Name(s)                              |   | Child's Other Names (known as)                                     |                                 |
| Date of Birth (DD/MM/YYYY)                          | Child's Place and Country of Birth            |  |                                 |
| Child's Nationality/Citizenship                     |   | Child's Passport Number  |                                 |
| Child's residential address (if different fro       | om your residential address)                  |  |                                 |
| Street Address                                      |   | City   | State                           |
| Country   |   | Zip Code   |                                 |
| Date since residing at current address (DD/MM/YYYY) |   | Child's home telephone number (if different from your home number) | Child's Mobile Telephone Number |
| Child's Occupation (please insert stude             | ent if the child is still in school)          | Is your child included in this application                         | n?                              |
| Child's Last Name (surname)                         |   | Child's First Name (given name)                                    |                                 |
| Child's Middle Name(s)                              |   | Child's Other Names (known as)                                     |                                 |
| Date of Birth (DD/MM/YYYY)                          | Child's Place and Country of Birth            |  | <br>Gender                      |
| Child's Nationality/Citizenship                     |   | Child's Passport Number  |                                 |
| Child's residential address (if different fro       | om your residential address)                  |  |                                 |
| Street Address                                      |   | City   | State                           |
| Country   |   | Zip Code   |                                 |
| Date since residing at current address DD/MM/YYYY)  |   | Child's home telephone number (if different from your home number) | Child's Mobile Telephone Number |
| Child's Occupation (please insert stude             | nt if the child is still in school)           | Is your child included in this application                         | ? Yes No                        |

| Child's Last Name (surname)  | Child's First Name (given name)                                      |                                   |
|--|--|-----------------------------------|
| Child's Middle Name(s)   | Child's Other Names (known as)                                       |                                   |
| Date of Birth (DD/MM/YYYY)  Child's Place and Country of Birth                           |  | Gender                            |
| Child's Nationality/Citizenship  | Child's Passport Number  |                                   |
| Child's residential address (if different from your residential address)                 |  |                                   |
| Street Address   | City   | State                             |
| Country  | Zip Code   |                                   |
| Date since residing at current address (DD/MM/YYYY)                                      | Child's home telephone number (if different from your home number)   | Child's Mobile Telephone Number   |
| Child's Occupation (please insert student if the child is still in school)               | Is your child included in this application                           | n?                                |
| 3.7 Brother's & Sister's Personal Details (Complete for all siblings, including half, st | ep and adopted. Attached additional sheet                            | if required)                      |
| Sibling's Last Name (surname)  | Sibling's First Name (given name)                                    |                                   |
| Sibling's Middle Name(s)   | Sibling's Other Names (known as)                                     |                                   |
| Date of Birth (DD/MM/YYYY) Siblings Place and Country of Birth                           |  | Gender                            |
| Sibling's Nationality/Citizenship  | Sibling's Passport Number  |                                   |
| Siblings residential address (if different from your residential address)                |  |                                   |
| Street Address   | City   | State                             |
| Country  | Zip Code   |                                   |
| Date since residing at current address (DD/MM/YYYY)                                      | Sibling's home telephone number (if different from your home number) | Sibling"s Mobile Telephone Number |
| Sibling's Occupation   |  |                                   |

| Sibling's Last Name (surname)   | Sibling's First Name (given name)                                    |                                      |
|---|--|--------------------------------------|
| Sibling's Middle Name(s)  | Sibling's Other Names (known as)                                     |                                      |
| Date of Birth (DD/MM/YYYY)  Siblings Place and Country of Birth                   |  |                                      |
| Sibling's Nationality/Citizenship   | Sibling's Passport Number  |                                      |
| Siblings residential address (if different from your residential address)         |  |                                      |
| Street Address  | City   | State                                |
| Country   | Zip Code   |                                      |
| Date since residing at current address (DD/MM/YYYY)                               | Sibling"s home telephone number (if different from your home number) | Sibling"s Mobile Telephone Numbe     |
| Sibling's Occupation  |  |                                      |
| 4. INCOME AND SOURCE OF WEALTH OF THE PRINCIPAL APPLICANT                         |  |                                      |
| ONLY the principal applicant is required to compete this section                  |  |                                      |
| 4.1 Are you self-employed? Yes No   |  |                                      |
| f yes, please complete the following section 4.2 with the details of your primary | business   |                                      |
| 1.2 Details of your primary business  |  |                                      |
| Name of Business  | Nature of Business   |                                      |
| Registered Address of Business  |  |                                      |
| Business Website Address  | Business Telephone Number  | Business Facsimile Number            |
| f not applicable, please complete the following section 4.3 with the details of y | our employer. Proof of employment (Curi                              | riculum Vitae)                       |
| 1.3 Details of employer's business  |  |                                      |
| Name of Employer  | Nature of Employer's Business  |                                      |
| Registered Address of Employer's Business   |  |                                      |
| imployer's Business Website Address   | Employer's Business Telephone<br>Number                              | Employer's Business Facsimile Number |

| 4.4 Provide the details o over the last ten years, in | of all valid and expired professional and privileged licences that you may mmediately preceding this application. | hold or have held (e.g. real estate, gambling, and financial services) |
|---|---|--|
| Licence   | Licencing Body  | Dates Held   |
| Licence   | Licencing Body  | Dates Held   |
| Licence   | Licencing Body  | Dates Held   |
| 4.5 What is your main so                              | ource of income?  |  |
|   |   |  |
|   |   |  |
| 4.6 What is the main ge                               | eographical jurisdiction(s) in which you conduct business?  |  |
|   |   |  |
|   |   |  |
| 4.7 What are the most in                              | mportant companies or persons with whom you do business?  |  |
|   |   |  |
|   |   |  |
| 4.8 List all the compani                              | es of which you are currently a director or shareholder.  |  |
|   |   |  |
|   |   |  |
| 4.9 What is your estima                               | ated gross annual income in USD?  |  |
|   |   |  |
|   |   |  |

| 4.10 What is your estimated net worth (personal assets minus personal liabilities) in USD? |                       |                               |   |   |
|--|-----------------------|-------------------------------|---|---|
|  |                       |                               |   |   |
|  |                       |                               |   |   |
|  |                       |                               |   |   |
|  |                       |                               |   |   |
| 4.11 Please prov   | ide the personal bank | account details from which yo | u will be sending funds to the Government | of Saint Lucia  |
| Name of Account Holder   |                       | IBAN/BIC CODE                 | Account Number                            |   |
| Bank Name and  | Address               |                               |   |   |
| 5. EDUCATION A   | ND WORK EXPERIEN      | CE                            |   |   |
|  |                       |                               |   | highest level of education you successfully ons (Professional and academic certificates). |
| Start MM/YY  | End MM/YY             | Name of School                | Address                                   | Qualification/Diploma Achieved  |
|  |                       |                               |   |   |
|  |                       |                               |   |   |
|  |                       |                               |   |   |

# 6. DECLARATIONS

|   | Yes | No |
|---|-----|----|
| 6.1 Have you ever been arrested, detained, charged, indicted, convicted, found guilty or been expunged of any offence(s) against the law in any country (except for minor traffic citations)a?                                |     |    |
| 6.2 Have you ever been denied any category of visa to a country with which Saint Lucia has visa free access and have not been successful in subsequently obtaining such a visa?   |     |    |
| If yes, note date, city, county, state and country in which you were denied the visa.   |     |    |
| 6.3 Have you ever had a visa cancelled?   |     |    |
| 6.4 Have you ever been declared bankrupt by a court?  |     |    |
| If yes, note date, city, county, state and country in which the court declared you bankrupt.  |     |    |
| 6.5 Have you ever been involved personally, or as a directory in any bankruptcy, insolvency or liquidation proceedings?   |     |    |
| 6.6 Have you ever testified before a grand jury or investigative hearing or probe?  |     |    |
| 6.7 Have any charges, or accusations of illegal activity of any nature been made against you in any country?  |     |    |
| 6.8 Have you ever been the subject of any criminal investigation?   |     |    |
| 6.9 Have you ever been considered to be a potential national security risk in an country?   |     |    |
| 6.10 Have you ever been sentenced to serve a period of time in detention or been on probation?  |     |    |
| 6.11 Have you ever received a pardon for any criminal offence?  |     |    |
| If yes, note date, city, county, state and country in which you received the pardon.  |     |    |
| 6.12 Have you ever had a civil or criminal record expunged or sealed by a court order?  |     |    |
| 6.13 Have you ever been subpoenaed to appear to testify before a federal, state, or county grand jury, board or commission?   |     |    |
| 6.14 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?   |     |    |
| 6.15 Have you, as an individual, or as an owner, partner, director or officer of any partnership, corporation or entity, ever been a party to a lawsuit as either a plaintiff or defendant? (Other than divorces)             |     |    |
| 6.16 Have you ever been involved, directly or indirectly, in the financing of terrorism or in any terrorist or criminal organisation?   |     |    |
| 6.17 Have you ever been unlawfully present in or been deported from any country, or sought to assist others to do the same?   |     |    |
| 6.18 Have you ever applied for citizenship in any country for which the citizenship has NOT been granted?   |     |    |
| 6.19 Have you ever been the subject or any order, judgement 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          |
|---|---------------------|-------------|
| 6.20 Are you a politically exposed person (PEP)?  (A PEP may be past or current government office holders, or individuals who are or were formerly entrusted with high-level public functions. For example, senior officers, heads of state of government, senior judicial or military officials, officials of political parties and senior executives of state-owned enterprises (SOE). PEP definition includes family members and close associates of a primary PEP). |                     |             |
| 6.21 Have you ever been declared by a court or qualified health practitioner to be mentally incapacitated?  |                     |             |
| 6.21 Are there any other business activities in which you are engaged that have not already been disclosed on this form?  |                     |             |
| 6.23 To the best of your knowledge, have you ever been under investigation by any law enforcement agency or tax authority in any country?   |                     |             |
| 6.24 I confirm that my wealth has been obtained from completely legitimate sources, and is not, whether directly or indirectly, from the proceeds of criminal activity of any kind.   |                     |             |
| 6.25 I can confirm that I am fully compliant with my national, regional and global tax obligations.   |                     |             |
| If you have answered yes to any questions other than 6.24 or 6.25 please provide with further detail. Clearly indicate t are being provided in each case. Attach additional sheets as required.   | ne number for which | the details |
|   |                     |             |
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|   |                     |             |

### 7. DATE AND SIGNATURE

Please note that this form constitutes a Statutory Declaration. Please ensure that the information that you have provided is true and correct. If you have provided false information or omitted information, your citizenship application could be declined. If it is later found out that you provided false or incorrect information, you may be deprived of your Saint Lucian citizenship pursuant to section 38 (1) of the Citizenship by Investment Act No. 14 of 2015 and you may face criminal prosecution.

I certify that I have read and understood all the questions in this form and that the information provided, whether supplied directly by myself or through an Authorised Agent or third party completing the form on my behalf, is true and up-to-date in every detail.

I herewith authorize, without reservation, the Citizenship by Investment Unit ('the Unit') to verify any personal information about me and/or my child (ren), where an application has been lodged in respect of my child(ren). Accordingly, I also authorise the Unit, either directly or through any agents that the Unit may choose to engage, to decide to obtain further information, credit reports, criminal records or any kind of records about me and or my child(ren), which the Unit may deem necessary. I understand that such information, records and reports may be obtained from online sources, government agencies or private sources. I authorise any agents contacted to furnish the requested information, reports or records about me and/or my child(ren) and I release all parties involved from any responsibility and liability in doing so. Accordingly, I also authorise the release by the Unit of any personal information about me and/or my child(ren) given on this form or otherwise obtained by the Unit in order to verify such information or obtain such reports or records about me and/or my child(ren), which may assist the Unit in deciding whether I and/or my child(ren) qualify for citizenship.

I understand that becoming a citizen of Saint Lucia may affect my current citizenship status.

If there is any change in my circumstances which may affect the information that I have given in this application, I confirm that I will advise, in writing to the Citizenship by Investment Unit, for the interim period between the date of this application and the date of granting citizenship.

If there is any change in my circumstances which may affect the information that I have given in this application, I confirm that I will advise, in writing to the Citizenship by Investment Unit, for the interim period between the date of this application and the date of granting citizenship.

In the event that citizenship of Saint Lucia is granted to me, I do solemnly pledge that:

- · I will faithfully observe the laws of Saint Lucia at all times;
- I will conduct myself in such a manner which at no time will bring disrepute to Saint Lucia; and
- I will not act against the interest of Saint Lucia
- I will be faithful and bear true allegiance to Her Majesty Queen Elizabeth the Second, Her Heirs and Successors, according to law.

| I herewith apply to be granted citizensh | nip of Saint Lucia. |   |
|--|---------------------|---|
|  |                     |   |
| Place                                    | Date                | Signature of Applicant (or Principal Applicant if the child is under the age of 18) |