

MINISTRY OF SOCIAL TRANSFORMATION, YOUTH AND SPORTS
APPLICATION FOR A CERTIFICATE OF EXEMPTION

NAME (S) ON PASSPORT:

.....
LAST NAME FIRST NAME OTHER NAME(S)

DATE OF BIRTH:

<u>DAY</u>	<u>MONTH</u>	<u>YEAR</u>

PLACE OF BIRTH:

NATIONALITY:.....

PASSPORT NUMBER:..... PLACE OF ISSUE:.....

DATE OF ISSUE:

<u>DAY</u>	<u>MONTH</u>	<u>YEAR</u>

DATE OF EXPIRY:

<u>DAY</u>	<u>MONTH</u>	<u>YEAR</u>

ADDRESS :	LAST ADDRESS (if Applicant has lived outside the State within the past two (2) years):	CONTACT INFORMATION: TEL #..... MOBILE#..... FAX #..... E-MAIL:.....
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STATUS: Single Married Divorced Separated Widow or Widower

Family relationship with any citizen of Saint Lucia :

DATE OF ARRIVAL : <table border="1"> <tr> <td><u>DAY</u></td> <td><u>MONTH</u></td> <td><u>YEAR</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	<u>DAY</u>	<u>MONTH</u>	<u>YEAR</u>				OCCUPATION WHICH APPLICANT HAS FOLLOWED FOR THE LAST TWO (2) YEARS:
<u>DAY</u>	<u>MONTH</u>	<u>YEAR</u>					

NAME OF FBO TO WHICH ASSIGNED:.....

ADDRESS:

CONTACT INFORMATION:

TEL #.....

MOBILE#.....

FAX #.....

E-MAIL:.....

POSITION IN WHICH APPLICANT SEEKS TO BE EMPLOYED:

REASONS FOR SEEKING EMPLOYMENT IN SAINT LUCIA:

QUALIFICATIONS, TRAINING AND EXPERIENCE IN THIS OCCUPATION:

PROPOSED PERIOD FOR WHICH CERTIFICATE OF EXEMPTION IS DESIRED:

FROM:..... TO:.....

WILL WIFE/HUSBAND OR CHILDREN (FAMILY) OF APPLICANT BE JOINING APPLICANT IN SAINT LUCIA:

YES NO

IF SO, STATE NAMES OF WIFE/HUSBAND, CHILDREN (DEPENDENTS) WITH DATE OF BIRTH, PLACE OF BIRTH AND NATIONALITY:

NAME (S)	DATE OF BIRTH	PLACE OF BIRTH	NATIONALITY

NB: Additional information which should be provided as attachments: (1) Certified copy of Birth Certificate; (2) Certified copy of passport page with expiration date of passport and Passport photograph including that of dependent ; (3) Curriculum Vitae; (4) Two Reference letters, one must be from last employer; (5) Police Record; (6) Medical Report from a certified physician bearing official stamp of the physician;

I hereby declare that the above information is true and correct.

.....
SIGNATURE OF APPLICANT

.....
DATE