

# CITIZENSHIP BY INVESTMENT PROGRAMME

APPLICATION FOR  
SAINT LUCIAN CITIZENSHIP  
PRINCIPAL APPLICANT  
SL2-A

*Authorised Agents are parties who have provided advice and guidance to you prior to the submission of your application, and who have permission to submit your application and subsequently conduct business on your behalf with the Citizenship by Investment Unit of Saint Lucia.*

*The Authorised Agent must maintain a place of business in Saint Lucia and must be licensed. Your Authorised Agent will be able to provide you with the information requested on this form (such as license number).*

*You may choose to work with ANY licensed Authorised Agent. Please note that ONLY the Citizenship by Investment Board can approve your application for Saint Lucian citizenship. No other person, agent, agency or organization can guarantee the approval of your application. ONLY an authorised agent can submit a form on your behalf.*

## EXPLANATORY NOTES

The application is submitted in a single step.

1. Place your proof of payment as the first document in your submission. Please refer to the attached Bank Account information for details on how to make the payment of fees.
2. Organise all your documents in the same order as listed in the Document Checklist SL1. If, in exceptional cases, an applicant cannot submit a document that applies to his/ her situation, provide a substitute document and enclose an explanation. The substitute document and the explanation must be inserted in place of the document that they replace. If a substitute document cannot be presented, you MUST give a detailed explanation.
3. Select the box corresponding to each document that you are submitting and attach this Document Checklist SL1 to your application. N/A (not applicable) indicates that you do not need to submit this document.
4. Submit all requested documents in the required format (original or certified true copy).
5. Before submitting the electronic application, make sure to:
  - Keep a photocopy of all the documents that are submitted.
  - Ensure that all the forms and declarations submitted are dated and signed.
  - Any document requested by the unit, in a sealed envelope, should be addressed to:  
**ATT: Chief Executive Officer Citizenship by Investment Unit Poinsettia Road, Vigie, Castries, Saint Lucia**  
Hand deliver the sealed envelope to the address above.

## DOCUMENT REQUIREMENTS

### Format of Documents

Documents submitted in their original language must be in the required format; original or certified true copy. A non-conforming format may result in the rejection of the application or its return to the sender. Certified true copies must be of excellent quality or else they will be deemed inadmissible.

### Authenticated Translation

If you submit documents or parts of documents in a language other than English, you MUST provide:

- The document in its original language, in the required format (original or certified true copy); AND
- An authenticated translation to 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 organisation 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, the Unit will accept.
- If the document is written in English but includes a seal or signature in another language, a translation of the seal .
- A copy of the translator's credentials or professional certification must accompany the translated documents.

### Verification and Investigation

Be advised that the Unit will:

- Verify the accuracy of information provided or have it verified by third parties. It is an offence under the law to knowingly give the Unit any information that you know or should have known to be false or misleading in relation to your application for citizenship by investment.
- Reject any application that contains false or misleading information or documents.
- Cause your citizenship to be revoked if it was issued on the strength of an application containing false or misleading information or documents OR omitted or concealed information under Section 38 (1) of the Act.

I am completing this form as a Principal Applicant:  Yes  No

If you are completing the Application as a Spouse or Dependent of a Principal Applicant, please complete Form SL-2B.

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1. APPLICANT DETAILS

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1.1 Your full name (as shown on your birth certificate)

\_\_\_\_\_  
Last Name (family name)

\_\_\_\_\_  
First (given name)

\_\_\_\_\_  
Middle Name(s)

\_\_\_\_\_  
Other Name(s)

\_\_\_\_\_  
Date of Birth (DD/MM/YYYY)

\_\_\_\_\_  
Place and Country of Birth

\_\_\_\_\_  
Gender

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1.2 Permanent Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Country

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

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1.3 Passport Details

\_\_\_\_\_  
Issuing Country

\_\_\_\_\_  
Passport Number

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1.4 Contact Information

\_\_\_\_\_  
Mobile Telephone Number

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
LinkedIn Profile

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

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1.5 Contact information for a person other than the applicant

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to the applicant

\_\_\_\_\_  
Physical Address

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

\_\_\_\_\_  
Telephone

2. IDENTIFICATION INFORMATION

This Section should be completed by the Principal Applicant ONLY.

ONLY an Authorised Agent can apply on your behalf.

- I authorise the following individual or entity to serve as my authorised agent and to act on my behalf with the Citizenship by Investment Unit of Saint Lucia.
- I authorise the Citizenship by Investment Unit of Saint Lucia to release information from my case file and that of my spouse and dependent children to my authorised agent as may be necessary. The authorisation is in accordance with the Data Protection Act, Cap 8.18.
- I am aware that any information which would be subject to exemption, if I had the right of access under the Data Protection Act, Cap 8.18 will likely not be released.

Name of Authorised Agent

Authorised Agent Licence Number

Authorised Agent Address in Full

Business Telephone Number

Mobile Telephone Number

Email Address

Promoter who Referred Applicant

Please write N/A if you did not get a referral from a Promoter

Promoter Licence Number

Marketing Agent who Referred Applicant

Please write N/A if you did not get a referral from a Marketing Agent

Marketing Agent Licence Number

Place

Date (DD/MM/YYYY)

Signature of Authorised Agent

3. INVESTMENT CONFIRMATION

A qualifying investment under the Citizenship by Investment Programme must satisfy at least the minimum investment in the chosen option. Tick the investment option you have chosen.

Investment Option	Minimum Qualifying Investment USD
<input type="checkbox"/> Investment by the purchase of National Action Bond	\$300,000
<input type="checkbox"/> The Saint Lucia National Economic Fund	\$240,000
<input type="checkbox"/> An Approved Real Estate Project	\$300,000
<input type="checkbox"/> An Approved Enterprise Project	Option 1: \$3,500,000 Option 2: \$6,000,000 Option 3: \$250,000

4. PERSONAL DETAILS

4.1 Have you changed your name since birth?  Yes  No

If yes, please state the method to change your name  Marriage  Adoption  Deed Poll  Other

Insert your new legal name below. You must submit one supporting documents for proof of name change e.g Deed Poll; Adoption Papers etc

\_\_\_\_\_  
Last Name (family name)

\_\_\_\_\_  
First (given name)

\_\_\_\_\_  
Middle Name(s)

\_\_\_\_\_  
Other Name(s)

4.2 Please write your name as it is written in Ethnic Script in the space below.  
Please note that should citizenship be granted, any name change within five (5) years must be communicated to the Unit.

[Empty rectangular box for ethnic script name]

4.3 Do you hold, or have you ever held any other citizenship?  Yes  No

If yes, please specify the country or countries and how you acquired citizenship. List any dates of changes in citizenship including the place at which such changes were recorded. Provide proof of any other citizenship by submitting a Certificate of Citizenship.

\_\_\_\_\_  
Country/Territory of Citizenship      Date of Citizenship (DD/MM/YYYY)      Explanation

\_\_\_\_\_  
Country/Territory of Citizenship      Date of Citizenship (DD/MM/YYYY)      Explanation

4.4 Do you hold, or have you ever held permanent residency in any country?  Yes  No

If yes, please specify the country or countries and how you acquired permanent residency. List any dates of any changes of permanent residency including the place at which such changes were recorded. Proof of permanent residency is a Permanent Resident Card or Certificate.

\_\_\_\_\_  
Country or Territory of Permanent Residency      Date of Permanent Residency (DD/MM/YYYY)      Explanation

\_\_\_\_\_  
Country or Territory of Permanent Residency      Date of Permanent Residency (DD/MM/YYYY)      Explanation

4.5 Have you ever served in the armed forces?  Yes  No

If yes, please provide details including branch, date of entry and separation and ranking at the time of separation. Proof of service in the armed forces is a Certified Copy of your military record.

\_\_\_\_\_  
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

5. IDENTIFICATION INFORMATION

Provide two passport-sized, coloured photographs of yourself taken within the last six months. Refer to the Document Checklist for details on the passport requirements.

5.1 What is your natural eye colour?

Blue  Grey  Brown  Green  Black  Other \_\_\_\_\_

5.2 What is your height?

\_\_\_\_\_  
CM FT IN

5.3 Do you have any distinguishing marks?  Yes  No

If yes, please describe them below.

5.4 What are your social security details?

\_\_\_\_\_  
Social Security Number Issuing Country

5.5 National Identification Card Details (Attach a certified copy of your national identification card, if applicable)

\_\_\_\_\_  
ID Card Number Issuing Country Expiry Date

5.6 Passport Details (Attach certified copies of ALL your valid passports)

\_\_\_\_\_  
Complete for passport issued by your country of birth Complete for each additional passport you hold. Attach additional pages if required.

\_\_\_\_\_  
Passport 1 Passport 2 Passport 3

\_\_\_\_\_  
Issuing Country

\_\_\_\_\_  
Passport Number

\_\_\_\_\_  
Place of Issue

\_\_\_\_\_  
Date of Issue

\_\_\_\_\_  
Date of Expiration

5.7 Current Address (You MUST provide proof of your current residential address. Proof of residence includes an original utility bill, lease agreement, bank statement with address)

Street Address	City	State
Country	Zip Code	

5.8 List all addresses where you have lived for the last ten years. Please ensure that there are no gaps in your history.

From MM/YYYY	To MM/YYYY	Address	City	Country	Postal Code

5.9 In the past ten (10) years, have you lived in any country other than your birth country for a period of 365 days or more? Yes No

If yes, list every country or territory in the table below. You must provide a police certificate for each country or territory where you have been present for at least a year for the last ten (10) years. If you cannot get a police certificate, tell us why below.

The police certificate must either have been issued:

- After the last time you were in that country or territory; or
- No more than 6 months before the date you submit your citizenship by investment application.

Use additional paper if required.

Country or Territory	I will provide a Police Certificate	Explanation
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

6. FAMILY INFORMATION

6.1 Marital Status     Never Married     Married     Divorced     Widowed     Separated     Engaged

If married, please provide details of your marriage

Date of Marriage (DD/MM/YYYY)	Place of Marriage (City/State/County/Country)
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If divorced, please provide details of your divorce

Date of Divorce(DD/MM/YYYY)	Place of Divorce (City/State/County/Country)
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6.2 Spouse's Personal Details (if engaged, enter details of future spouse)

Is your spouse included in this application?  Yes  No  
If no, complete the information below

Spouse's Full Name (after marriage)

\_\_\_\_\_  
Last Name (surname)

\_\_\_\_\_  
First Name (given name)

\_\_\_\_\_  
Middle Name(s)

\_\_\_\_\_  
Other Names (known as)

Spouse's Full Name (before marriage)

\_\_\_\_\_  
Last Name (surname)

\_\_\_\_\_  
First Name (given name)

\_\_\_\_\_  
Middle Name(s)

\_\_\_\_\_  
Other Names (known as)

\_\_\_\_\_  
Date of Birth (DD/MM/YYYY)

\_\_\_\_\_  
Place and Country of Birth

\_\_\_\_\_  
Gender

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

\_\_\_\_\_  
Spouse's Email Address

\_\_\_\_\_  
Spouse's Nationality

\_\_\_\_\_  
Passport Number

6.3 Spouse'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)

6.4 Father's Personal Details

Is your father included in this application?  Yes  No  
If no, complete the information below

\_\_\_\_\_  
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

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 Father's Occupation

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 Fathers's Email Address

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 Father's Nationality

---

 Father's Passport Number

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 6.5 Father's residential address (if different from your residential address)

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 Street Address

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 City

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 State

---

 Country

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 Zip Code

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

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 6.6 Mother's Personal Details

 Is your mother included in this application?  Yes  No  
 If no, complete the information below

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 Mother's Last Name (surname)

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 Mothers First Name (given name)

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 Mother's Middle Name(s)

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 Mother's Other Names (known as)

---

 Date of Birth (DD/MM/YYYY)

---

 Mother's Place and Country of Birth

---

 Mother's Occupation

---

 Mother's Email Address

---

 Mother's Nationality

---

 Mother's Passport Number

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 6.7 Mother's residential address (if different from your residential address)

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 Street Address

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 City

---

 State

---

 Country

---

 Zip Code

---

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

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 6.8 Child's Personal Details

 Is your child included in this application?  Yes  No  
 If no, complete the information below

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Child's Last Name (surname) \_\_\_\_\_ Child's First Name (given name) \_\_\_\_\_

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Child's Middle Name(s) \_\_\_\_\_ Child's Other Names (known as) \_\_\_\_\_

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Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Child's Place and Country of Birth \_\_\_\_\_ Gender \_\_\_\_\_

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Child's Occupation \_\_\_\_\_ Child's Email Address \_\_\_\_\_

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Child's Nationality \_\_\_\_\_ Child's Passport Number \_\_\_\_\_

6.9 Child's residential address (if different from your residential address)

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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Country \_\_\_\_\_ Zip Code \_\_\_\_\_ Date since residing at current address (DD/MM/YYYY) \_\_\_\_\_

6.10 Child's Personal Details

Is your child included in this application?  Yes  No  
If no, complete the information below

---

Child's Last Name (surname) \_\_\_\_\_ Child's First Name (given name) \_\_\_\_\_

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Child's Middle Name(s) \_\_\_\_\_ Child's Other Names (known as) \_\_\_\_\_

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Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Child's Place and Country of Birth \_\_\_\_\_ Gender \_\_\_\_\_

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Child's Occupation \_\_\_\_\_ Child's Email Address \_\_\_\_\_

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Child's Nationality \_\_\_\_\_ Child's Passport Number \_\_\_\_\_

6.11 Child's residential address (if different from your residential address)

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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Country \_\_\_\_\_ Zip Code \_\_\_\_\_ Date since residing at current address (DD/MM/YYYY) \_\_\_\_\_

6.12 Child's Personal Details

Is your child included in this application?  Yes  No  
If no, complete the information below

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Child's Last Name (surname) \_\_\_\_\_ Child's First Name (given name) \_\_\_\_\_

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Child's Middle Name(s) \_\_\_\_\_ Child's Other Names (known as) \_\_\_\_\_

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Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Child's Place and Country of Birth \_\_\_\_\_ Gender \_\_\_\_\_

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Child's Occupation \_\_\_\_\_ Child's Email Address \_\_\_\_\_

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Child's Nationality \_\_\_\_\_ Child's Passport Number \_\_\_\_\_

6.13 Child's residential address (if different from your residential address)

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

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

6.14 Sibling's Personal Details (Complete for all siblings including half, step, and adopted. Attach additional pages as required)

Is your sibling included in this application?  Yes  No  
If no, complete the information below

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Sibling's Last Name (surname) \_\_\_\_\_ Sibling's First Name (given name) \_\_\_\_\_

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Sibling's Middle Name(s) \_\_\_\_\_ Sibling's Other Names (known as) \_\_\_\_\_

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Date of Birth (DD/MM/YYYY) \_\_\_\_\_ Sibling's Place and Country of Birth \_\_\_\_\_ Gender \_\_\_\_\_

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Sibling's Occupation \_\_\_\_\_ Sibling's Email Address \_\_\_\_\_

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Sibling's Nationality \_\_\_\_\_ Sibling's Passport Number \_\_\_\_\_

6.15 Sibling's residential address (if different from your residential address)

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

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

6.16 Sibling's Personal Details (Complete for all siblings including half, step, and adopted. Attach additional pages as required)

Is your sibling included in this application?  Yes  No  
If no, complete the information below

_____ 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)	_____ Sibling's Place and Country of Birth		_____ Gender
_____ Sibling's Occupation		_____ Sibling's Email Address	
_____ Sibling's Nationality		_____ Sibling's Passport Number	

6.17 Sibling'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)

6.18 Sibling's Personal Details (Complete for all siblings including half, step, and adopted. Attach additional pages as required)

Is your sibling included in this application?  Yes  No  
If no, complete the information below

_____ 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)	_____ Sibling's Place and Country of Birth		_____ Gender
_____ Sibling's Occupation		_____ Sibling's Email Address	
_____ Sibling's Nationality		_____ Sibling's Passport Number	

6.19 Sibling'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)

6.20 Previous Spouse Personal Details, if applicable. (Attach additional pages if necessary)

Previous Spouse's Full Name (after marriage)

Previous Spouse's Full Name (before marriage)

Date of Birth (DD/MM/YYYY) Place and Country of Birth Gender

Date of Divorce Order/Decree Duration of Marriage (number of months/years)

7. INCOME AND SOURCE OF WEALTH

a. Are you self employed?  Yes  No

b. What is your occupation

If yes, please complete the following section 7.1 below with the details of your primary business. If no, skip 7.1 and please complete section 7.2

7.1 Details of your primary business, if applicable

Name of Business Nature of Business

Registered Address of Business

Business Website Business Telephone Number Business LinkedIn URL

7.2 Details of Employer's Business, if applicable.

Attach a Curriculum Vitae and Employment Letter or Contract as proof of employment

Name of Employer's Business Nature of Employer's Business

Registered Address of Employer's Business

Employer's Business Website Employer's Telephone Number Employer's LinkedIn URL

7.3 What is your main source(s) of income?

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7.4 What is the main geographical jurisdiction(s) in which you work/conduct business?

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7.5 What are the most frequent companies or persons with whom you do business?

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7.6 List all the companies of which you are currently a director or shareholder.

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7.7 What is your estimated gross annual income in USD?

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7.8 Please provide the personal bank account details from which you will be sending funds to the Citizenship by Investment Board

Name of Account Holder	IBAN/BIC CODE	Account Number
Bank Name and Address		

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7.9. Please provide the banking details of any other account you may use for sending funds to the Citizenship by Investment Board

Name of Account Holder	IBAN/BIC CODE	Account Number
Bank Name and Address		

**8. EDUCATION AND PERSONAL CERTIFICATION**

Please list all the schools or training institutions attended from the age of 18 and all qualifications obtained up to the highest level of education you successfully completed. (Proof of qualifications is Professional and/or Academic Certificates).

Start MM/YY	End MM/YY	Name of Institution	Address of Institution	Qualification Achieved

**9. DECLARATIONS**

	Yes	No
9.1 Excepting a minor offence, have you ever been: Arrested                      Detained                      Charged                      Indicted Convicted                      Found Guilty                      Had a criminal record expunged		
9.2 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.  _____ _____		
9.3 Have you ever had a visa cancelled?		
9.4 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.  _____ _____		
9.5 Have you ever been involved personally, or as a directory in any bankruptcy, insolvency or liquidation proceedings?		
9.6 Have you ever testified before a grand jury or investigative hearing or probe?		
9.7 Have any charges, or accusations of illegal activity of any nature been made against you in any country?		
9.8 Have you ever been the subject of any criminal investigation?		
9.9 Have you ever been considered to be a potential national security risk in an country?		
9.10 Have you ever been sentenced to serve a period of time in detention or been on probation?		
9.11 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.  _____ _____		
9.12 Have you ever had a civil or criminal record expunged or sealed by a court order?		

	Yes	No
9.13 Have you ever been subpoenaed to appear to testify before a federal, state, or county grand jury, board or commission?		
9.14 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?		
9.15 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)		
9.16 Have you ever been involved, directly or indirectly, in the financing of terrorism or in any terrorist or criminal organisation?		
9.17 Have you ever been unlawfully present in or been deported from any country, or sought to assist others to do the same?		
9.18 Have you ever applied for citizenship in any country for which the citizenship has NOT been granted?		
9.19 Have you ever been the subject of 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?		
9.20 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).		
9.21 Have you ever been declared by a court or qualified health practitioner to be mentally incapacitated?		
9.22 Are there any other business activities in which you are engaged that have not already been disclosed on this form?		
9.23 To the best of your knowledge, have you ever been under investigation by any law enforcement agency or tax authority in any country?		
9.24 I can 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.		
9.25 I can confirm that I am fully compliant with my national, regional and global tax obligations.		

If you have answered yes to any questions from 9.1 to 9.25 please provide with further detail. Clearly indicate the number for which the details are being provided in each case. Attach additional sheets as required.

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**10. DATE AND SIGNATURE**


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I certify that I have read and understood all 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, in true and up-to-date in every detail.

I herewith authorise, without reservation, the Citizenship by Investment Unit ("the Unit") to verify any personal information about me and/or my dependents, where an application has been lodged in respect of my dependents. 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 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 dependents 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 dependents given on this form or otherwise obtained by the Unit to verify such information or obtain such reports or records and me and/or my dependents, which may assist the Unit in deciding whether I and/or my dependents 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 that 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 citizenship of Saint Lucia is granted to me, I do solemnly pledge that:

- I will always faithfully observe the laws of Saint Lucia.
- I will conduct myself in such a manner which at no time will bring disrepute to Saint Lucia.
- I will not act against the interest of Saint Lucia.
- I will be faithful and bear true allegiance to His Majesty King Charles, His Heirs and Successors, according to the law.

I herewith apply to be granted citizenship of Saint Lucia.

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Place	Date	Signature of Applicant

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**11. DECLARATION**


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I hereby declare that all the information I have provided is true and correct and if I have provided false information or omitted information, I understand that my citizenship application may be denied. If it is later found out that I have provided false or incorrect information, I understand that my Saint Lucian citizenship will be revoked pursuant to Section 38(1) of the Citizenship by Investment Act, Cap. 1.20 and I may be criminally prosecuted.

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Place	Date	Signature of Applicant