**PHOTO**

**AREA**

**SIGNATURE BOX**

**Sign within borders**

***(Use dark blue or black ink)***

|  |  |  |
| --- | --- | --- |
|  | • Section 2 is for **Submitters** (on behalf of the Applicant).• Section 3 is for **Proxies** (on behalf of the Applicant).• Section 13 is for **Recommenders** (not the Applicant). | **DO NOT SUBMIT INSTRUCTIONS WITH YOUR APPLICATION!** |
| **IMPORTANT:** |
|  |
| **1) APPLICATION DETAILS** |
| Document Type: |  ePassport  | ePassport Type: ***FOR OFFICE USE ONLY*** |  Regular Diplomatic Official  |
| Application Reason: |  New (first-time) Renewal  | Processing Time:***FOR OFFICE USE ONLY*** |  Regular Expedited  |
|  Replacement ( lost stolen damaged name change )  |
| Submitted by:  |  Applicant Proxy Agent Ministry of External Affairs |
| Application Location: |  |
| Passport Pickup Location: |  |
| **2) SUBMITTER *(who will submit the application on behalf of the Applicant)*** |
| Submitter Surname: | Submitter Given Name(s): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SUBMITTER** | **SUBMITTER** | Signature |
| ID Type: | ID No.: |  |
| **SUBMITTER** |  | Date *(DD-MM-YYYY)* |
| **3) PROXY *(who will pick up the Passport on behalf of the Applicant)***  |
| Proxy Surname: | Proxy Given Name(s): | National Insurance Number: |
|  |  |  |
| Address: |  |
| Email: |  |
| Phone No.: |  | Relationship to Applicant: |  |
| **4) PERSONAL INFORMATION** |
| Surname: | Maiden Surname: | Given Name(s): |
|  |  |  |
| Title: |  Mr. Mrs. Miss  Other: \_\_\_\_\_\_ | Date of Birth: *(DD-MM-YYYY)* | Original name/Aliases/Nicknames: |
|  |  |
| Sex: |  M F  | City of Birth: |  | Country of Birth: |  |
| Eye Colour: |  | Hair Colour: |  | Height:  | *(metres)* |
| Visible identification marks (in detail): |  |
| Profession/Occupation/Designation: |  |
| National Insurance Number (for adults only): |  |
| **5) CONTACT INFORMATION** |
| Local Phone No.: |  | Overseas Phone No.: |  |
| Email: |  |
| **CURRENT ADDRESS** |  **PERMANENT ADDRESS**  *Same as current address* |
| Street/Village: |  | Street/Village: |  |
| P.O. Box: |  | P.O. Box: |  |
| City: |  | City: |  |
| District: |  | State/District: |  |
| Zip/Postal Code: |  | Zip/Postal Code: |  |
| Country: |  | Country: |  |
| **6) CITIZENSHIP** |
| Citizenship: |  Birth Descent Adoption Registration Naturalization Investment (CIP) |
| Certificate No.:  | Place of Issue: | Date of Issue: *(DD-MM-YYYY)* |
|   |  |   |
| Consulate of Citizenship by ‘Registration’: |  |
| **7) NATIONALITY *(only for Diplomatic/Official applicants)*** |
| Nationality: |  |
| Document Type: | Document No.: | Place of Issue: | Document Issue Date: *(DD-MM-YYYY)* | Document Expiry Date:*(DD-MM-YYYY)* |
|  |  |  |  |  |
| **8) SPOUSE DETAILS** |
| Marital Status: |  Single Married Divorced Widow(er) |
| Spouse’s Surname: | Spouse’s Given Name(s): | Place of Marriage: | Date of Marriage:*(DD-MM-YYYY)* |
|  |  |  |  |
| Spouse’s Date of Birth:*(DD-MM-YYYY)* | Spouse’s Nationality: | Spouse’s Place of Birth: |
|  |  |  |
| **9) EMERGENCY CONTACT PERSON**  |
| Contact Surname: |  | Contact Given Name(s): |  |
| Address: |  |
| Email: |  | Phone No.: |  |
| Relationship to Applicant: |  |
| **10) APPLICANTS BORN ABROAD: PARENT/LEGAL GUARDIAN INFORMATION** |
|  Father Mother  Legal Guardian | Parent/Legal Guardian Surname: | Parent/Legal Guardian Given Name(s): | Date of Birth:*(DD-MM-YYYY)* |
|  |  |  |
| Parent/Legal Guardian Citizenship: |  Birth Descent Adoption Registration Naturalization Investment (CIP)  |
| Place of Birth: | Certificate No.: | Place of Issue: | Date of Issue:*(DD-MM-YYYY)* |
|  |  |  |  |
| Consulate of Citizenship by ‘Registration’: |  |
| **11) LOST, STOLEN, or DAMAGED PASSPORT *(if applicable)*** |
| Passport No.: *(if known)* | Date of Loss:*(DD-MM-YYYY)* | Place of Loss: | Country of Loss: |
|  |  |  |  |
| Police Station/Saint Lucian High Commission/Consulate/Immigration Office: | Case Report No.: | Report Date: *(DD-MM-YYYY)* |
|  |  |  |
| Comments: |  |
| *I certify that the above particulars are correct and undertake in the event of the passport coming again into my possession to return it to the Saint Lucia Passport Office or to a Saint Lucia High Commission.* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Signature | Date *(DD-MM-YYYY)* |
| **12) DECLARATION**  |
| **Parent/Legal Guardian of a child under 18 years of age:** |
| *This is to certify that I am the Parent or Legal Guardian of the child. I hereby give my consent to the Saint Lucia Passport Office to issue him/her a passport.* |
| Relationship to Child: |  Father Mother Legal Guardian |
| Parent/Legal Guardian Surname: | Parent/Legal Guardian Given Name(s): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SUBMITTER** | **SUBMITTER** | Signature |
| ID Type: | ID No.: |  |
| **SUBMITTER** |  | Date *(DD-MM-YYYY)* |
| **I, the Applicant (if 18 years of age or over), or Parent/Legal Guardian of the Applicant (if under 18 years of age) certifies that** ***(check all that apply)*:** |
| **NOTE:** If you have had a passport that has been lost or stolen, do not check boxes **C** and **D**, and ensure to complete **Section 11** of this form. |
|  **A** – *I declare that the information provided in this application is correct to the best of my knowledge and belief.* |
|  **B** – *That I have not lost the status of Citizen of Saint Lucia.*  |
|  **C** – *That I have not previously held or applied for any Saint Lucian passport whatsoever.* |
|  **D** – *That* *all previous passports granted to me (or the child) have been surrendered, other than passport no.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , which is now*  *attached, and that I have made no other application for a passport since the attached passport was issued to me.* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Signature | Date *(DD-MM-YYYY)* |
| **13) RECOMMENDER *(who will be the Recommender for the Applicant)*** |
| Recommender Surname: |  | Recommender Given Name(s): |  |
| Address: |  |
| Phone No.: |  | Email: |  |
| Profession: |  | Years have known the **Applicant**: |  |
| *I declare that the applicant has been known personally to me for the years specified above, and to the best of my knowledge of him/her, I believe the facts stated in this application form are correct, and that he/she is a fit and proper person to receive a Saint Lucian passport.* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Signature | Date *(DD-MM-YYYY)* |
| **14) SUPPLEMENTAL INFORMATION** |
| Comments: |  |