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## Grenada Citizenship-By-Investment

## APPLICATION GUIDE

Please use the checklist to ensure all your forms and documents are complete before you return them to Carib International

All documents must be in ENGLISH and may not be more than 3 MONTHS old at the time of submission

DOCUMENT TITLE	
CLIENT ENGAGEMENT AND FEE AGREEMENT	Main Applicant only
	• Please sign, date and return 1 copy of the letter to us
LIMITED POWER OF ATTORNEY	<ul> <li>2 Signed copies for all applicants aged over 16</li> <li>Please ensure all signatures are witnessed.</li> </ul>
Client Declaration	Main Applicant only
	2 Signed copies
12 PASSPORT PHOTOGRAPHS FOR EACH APPLICANT	All Applicants
	<ul> <li>35mm x 45mm, full colour, showing full face and ears</li> <li>6 of the 12 photographs must be signed by a recommender on the back</li> <li>The recommender is required to write on the back of the photograph in English: <i>"I certify that this is a true likeness of Mr. / Mrs. / Miss"</i> and sign underneath this.</li> <li>Please see the month and year you moved in/left the address.</li> </ul>
BANK KNOW YOUR CLIENT FORM	Main Applicant only
	<ul> <li>Please list of all addresses you have lived at for the past 10 years.</li> <li>Include the month and year you moved in/left the address.</li> </ul>
FORM 1 – PERSONAL INFORMATION	All Applicants
	• Form 1 must be completed electronically (except for the signature in Part G and the entirety of the section in Part G reserved for the Commissioner for Oaths).
	• The signature in Part G must be witnessed by a Commissioner for Oaths or jurisdictional equivalent.
	• Where the applicant is under the age of 16, the signature of the main applicant is required in Part G.
FORM 2 - FINGERPRINTS	Applicants Aged 16 and above
	• Form 2 must be completed by a person authorized to take fingerprints.
FORM 3 – HOME OFFICE PARTICULARS	<ul> <li>All Applicants</li> <li>Form 3 must be completed for each applicant.</li> </ul>



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FORM 4 - MEDICAL	All Applicants
	• Form 4 must be completed by a registered medical practitioner and signed by a licensed physician or physician's assistant authorized by law to perform medical examinations without
FORM 5 – EMPLOYMENT STATUS, SOURCE OF FUNDS,	Main Applicant (and benefactor, if applicable) Only
AND BUSINESS AFFILIATES	• Form 5 must be completed electronically (except for the signature in Part G).
FORM 6 – INVESTMENT CONFIRMATION	<ul> <li>Main Applicant only</li> <li>Form 6 must be completed electronically (except for the signature in Part F).</li> </ul>
EDUCATION HISTORY/EMPLOYMENT HISTORY FORM	All Applicants
	Please provide last <b>3</b> educational details
	Please provide last <b>3</b> employment details
SALES AND PURCHASE AGREEMENT (FOR REAL ESTATE	• The contract of purchase and sale and evidence of deposit of
OPTION ONLY)	monies into the escrow account must be submitted
12 MONTHS BANK STATEMENTS	Main Applicant only
	Must be stamped by the bank
	<ul> <li>Must be in English or translated into English, certified, and</li> </ul>
	legalized
	• Must be less than <b>3 months</b> old at the time the application is
	submitted
ORIGINAL CURRICULUM VITAE	Main Applicant & Spouse only A detailed cv/resume indicating your
> <u>Sample available</u>	occupation, business background, education history, personal
	information and hobbies.
DECLARATION OF APPLICANTS BUSINESS AFFILIATIONS	Main Applicant only—if applicable
PASSPORT APPLICATION FORMS	All Applicants just sign, Do not date the form
	The forms must be typed
	• For children under the age of 16 both the parents or
	guardians must sign section 9 and 11
	Applicants aged over 16 can sign their own form
LETTER OF AUTHORIZATION	All Applicants just sign, Do not date the form
AFFIDAVIT IN SUPPORT OF DEPENDANT OVER THE AGE	Main Applicant only
OF 18	• To be completed and signed by the main applicant only if there
	are dependents aged over 18 in the application
	Must be signed by a Notary/Attorney
	Please ensure stamps are in English or translated into English
	3 months validity
OATH OF ALLEGIANCE	All Applicants
	• To be signed by all applicants <b>aged over 16</b>
	Must be signed and stamped by a Notary – if the Notary
	stamps is not in English, please translate it into English





COLLEGE OR UNIVERSITY DIPLOMA/TRANSCRIPT	<ul> <li>Main Applicant, Spouse &amp; Over 18 only</li> <li>A Notary/Attorney must stamp the copy as a certified true copy of the original</li> </ul>
	<ul> <li>If document is not in English, it must be translated into English, certified and legalized</li> </ul>
MEDICAL HEALTH CERTIFICATION	All Applicants
	<ul> <li>All parts must be completed by a doctor or medical practitioner</li> <li>Please ensure stamps are in English or translated into English</li> <li>Valid for <b>3 months</b> only</li> </ul>
HIV TEST RESULT	All Applicants
	<ul> <li>Signed and stamped by the doctor or medical practitioner who completed and signed the MEDICAL HEALTH CERTIFICATION form</li> </ul>
ROUTINE BLOOD TEST	All Applicants—provide original test results
	<ul> <li>Please ensure stamps are in English or translated into English</li> <li>Valid for <b>3 months</b> only</li> </ul>
BANK REFERENCE LETTER IN ENGLISH (1)	Main Applicant only
	<ul> <li>Must be in English, signed and stamped by a senior person at the bank – see template in the guidance material</li> <li>3 months validity</li> </ul>
PROFESSIONAL REFERENCE IN ENGLISH (1)	Main Applicant only
	<ul> <li>Original letter from an attorney, notary public, chartered accountant, medical practitioner or other professional of similar standing belonging to any professional body</li> <li>Please see template in the guidance material</li> <li>3 months validity</li> </ul>
AN ORIGINAL CONFIRMATION LETTER FROM AN	Children only
EDUCATION INSTITUTION FOR CHILDREN	<ul> <li>Letter from the educational institution confirming that the applicant is studying – please see template in the guidance material</li> <li>If needed, translated into English, certified and legalized</li> <li>3 months validity</li> </ul>
Any other document required to clarify any answers given in the application process. Please Specify	