

**OTHER PARTICULARS TO BE SUPPLIED WITH PERMANENT RESIDENCE APPLICATION  
(FORM L.I. 12)**

All non-Nationals above the age of 18 years **MUST** complete application form.

Applicants **MUST** in addition supply the following particulars with this form:

1. A Medical Certificate that the applicant is in good health and has not in the past three years suffered from any communicable disease (***Form Attached***)
2. Two testimonials from persons who know you from time you have ***been in Dominica***.
3. A statement of financial position from a reputable banker, **or** letter from employer accepting responsibility for employee and stating duration and type of employment.
4. A statement from the **Commissioner of Police in Dominica** setting out the applicant's police record.
5. **\$90.00** Application fee (**Caricom Members**)
6. **\$500.00** Application fee (**Non-Caricom Members**) .
7. Letter from applicants friend/family accepting responsibility for applicants while in Dominica, if applicant is not employed.
8. Cover letter requesting Permanent Residence.
9. Marriage Certificate.
10. Copies of Work/Resident permits issued since you have been in Dominica.

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THE IMMIGRATION AND PASSPORT ACT CHAP.18:01 OF 1990

APPLICATION FOR PERMIT TO RESIDE IN DOMINICA

NAME OF APPLICANT (*IN FULL*):

AGE:

MARITAL STATUS:

CHILDREN:

NAMES AND AGES OF CHILDREN BELOW THE AGE OF 18 YEARS ACCOMPANYING YOU:

PRESENT ADDRESS:

PERMANENT ADDRESS:

NATIONALITY:

AT BIRTH IF DIFFERENT:

DATE AND PLACE OF BIRTH:

PASSPORT NO:

DATE OF ISSUE:

PLACE OF ISSUE:

EXPIRY DATE:

POLICE RECORD:

REASONS FOR WISHING TO SETTLE HERE:

HAVE YOU BEEN OFFERED EMPLOYMENT:

NAME OF FIRM OR AGENCY MAKING OFFER:

HAVE YOU ANY SPECIAL SKILLS OR TRAINING:

PROFESSIONAL OR OTHER QUALIFICATIONS:

COPIES OF PROFESSIONAL CERTIFICATES ETC:

DEPOSIT FOR PASSAGE:

CAN YOU MEET THIS?

STATE No. OF PREVIOUS PERMIT:

RECEIPT No. FOR APPLICATION FEE:

SCHEDULED DATE OF ARRIVAL:

EXTENSION OF STAY:



.....  
*Signature of Applicant*

.....  
*Date*