

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.

- 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.
- 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.
- 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 enevelope, should be addressed to: ATT: Chief Executive Officer Citizenship byInvestment Unit 5th Floor Francis Compton Building Waterfront 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
 organization or similar official institution, or if effected in a
 country where there are no official accredited translators, a
 translation effected by a company hose role or business is
 effecting professional translations, the Unit will accept.
- If the document in 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.

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I am completing this form as a P	rincipal Applicant: Yes	☐ No	
If you are completing the Applica	ation as a Spouse or Dependent of a F	Principal Applicant, please comple	te Form SL-2B.
1. APPLICANT DETAILS			
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
1.2 Permanent Address			
Street Address		City	State
Country		Zip Code	
1.3 Passport Details			
Issuing Country	Passport Number	-	
1.4 Contact Information			
Mobile Telephone Number	Home Telephone Number	LinkedIn Profile	
Email Address		-	
1.5 Contact information for a per	rson 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 Authorized Agent can apply on your behalf.

- I authorize the following individual or entity to serve as my authorized agent and to act on my behalf with the Citizenship by Investment Unit of Saint Lucia.
- I authorize 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 authorized agent as may be necessary. The authorization 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 Authorized Agent		Authorized Agent Licence Number	
Auhtorized Agent Address in Full			
Business Telephone Number	Mobile Telephone Number	Email Address	
Promoter who Referred Applican Please write N/A if you did not ge		Promoter Licence Number	
Marketing Agentwho Referred Ap Please write N/A if you did not ge	pplicanant it a referral from a Marketing Agent	Marketing Agent Licence Number	
Place	Date (DD/MM/YYYY)	Signature of Authorized Agent	
3. INVESTMENT CONFIRMATION			
A qualifying investment under th Tick the investment option you h	e Citizenship by Investment Programr ave chosen.	ne must satisfy at least the minimum	investment in the chosen option.
Investment Option			Minimum Qualifying Investment USD
The Saint Lucian National	Economic Fund		\$100,000
An Approved Real Estate P	roject roject		\$200,000
An Approved Enterprise Pr	oject		Option 1: \$3,500,000 Option 2: \$6,000,000 Option 3: \$100,00
Governement Bond			\$300,000

4. PERSONAL DETAILS					
4.1 Have your changed your name	since birth?	□ 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 s	upporting documen	ts for proof of name	change e.g Deed Pol	l; Adoption Papers etc
Last Name (family name)		Fir	st (given name)		
Middle Name(s)		Oti	ner Name(s)		
4.2 Please write your name as it is Please note that should citizensh				mmunicated to the U	Init.
4.3 Do you hold, or have you ever	held any other citizensh	ip?	No		
If yes, please specify the country o which such changes were recorded					ncluding the place at
Country/Territory of Citizenship	Date of Citizenship (DD/MM/YYYY)	Ex	olanation		
Country/Territory of Citizenship	Date of Citizenship (DD/MM/YYYY)	Ex	olanation		
4.4 Do you hold, or have you ever	held permanent residen	cy in any country?	Yes	☐ No	
If yes, please specify the country o including the place at which such o					
Country or Territory of Permanent Residency	Date of Permanent Re (DD/MM/YYYY)	esidency Exp	olanation		
Country or Territory of Permanent Residency	Date of Permanent Re (DD/MM/YYYY)	esidency Exp	olanation		
4.5 Have you ever served in the ar	med forces? Yes	☐ No			
If yes, please provide details inclu forces is a Certified Copy of your r		ry and separation a	nd ranking at the tin	ne of separation. Pro	of of service in the armed
Branch	Date of Entry	Da ⁻	e of Separation	Rank a	t Separation
Branch	 Date of Entry		te of Separation	Rank a	at Separation

Branch	Date of Entry	Date of Separation	Rank at Separation
Branch	Date of Entry	Date of Separation	Rank at Separation
5. IDENTIFICATION INFORMATI	ION		
Provide two passport-sized, co	oloured photographs of yourself taken wi	thin the last six months. Refer	to the Document Checklist for details on
5.1 What is your natural eye co	lour? Brown	Other	
5.2 What is your height?			
CM	FT IN		
5.3 Do you have any distinguish	hing marks?		
If yes, please describe them be	elow.		
5.4 What are your social securit	ty details?		
Social Security Number	Issuing Country		
5.5 National Identification Card	Details (Attach a certified copy of your na	ational identification card, if app	plicable)
ID Card Number	Issuing Country	Expiry Date	
5.6 Passport Details (Attach cer	rtified copies of ALL your valid passports)		
	Complete for passport issued by your country of birth	Complete for each additions pages if required.	al passport you hold. Attach additional
	Passport 1	Passport 2	Passport 3
Issuing Country			
Passport Number			
Place of Issue			
Date of Issue			
Date of Expiration			

5.7 Current Address (You MUS bank statement with address)		residential address. Proof of re	sidence includes an original u	tility bill, lease agreement
Street Address		City	State	
Country		Zip Code		
5.8 List all addresses where y	ou have lived for the last ten ye	ars. Please ensure that there a	re no gaps in your history.	
From To MM/YYYY MM/YYYY Add	dress	City	Country	Postal Code
5.9 In the past ten (10) years,	have you lived in any country o	ther than your birth country fo	r a period of 365 days or mor	e?
		nust provide a police certificat annot get a police certificate, t		y where you have been
The police certificate must eit After the last time you were	ther have been issued: e in that country or territory; or fore the date you submit your c			
Country or Territory	I will provide a Police C	Certificate Explanation		
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
	☐ Yes ☐ No			
6. FAMILY INFORMATION				
6.1 Marital Status Nev	ver Married	☐ Divorced ☐ V	Vidowed Separate	d Engaged
If married, please provide deta	ills of your marriage		·	
Date of Marriage (DD/MM/YY	YY) Place of Marriage (City	//State/County/Country)		
If divorced, please provide deta	ails of your divorce			
Date of Divorce(DD/MM/YYYY	Place of Divorce (City/S	State/County/Country)		

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	s)	
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	1	

Father's Occupation	Fathers's Email Address	
Father's Nationality	Father's Passport Number	
6.5 Father'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)		
6.6 Mother's Personal Details		
Is your mother included in this application? Yes No If no, complete the information below		
Mother's Last Name (surname)	Mothers First Name (given name)	
Mother's Middle Name(s)	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	
6.7 Mother'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)		
6.8 Child's Personal Details		
Is your child included in this application?		

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Child's Last Name (surname)	Child's First Name (given name)	
Child's Middle Name(s)	Child's Other Names (known as)	
Date of Birth (DD/MM/YYYY) Child's Place and Country of Birth		Gender
Child's Occupation	Child's Email Address	
Child's Nationality	Child's Passport Number	
6.9 Child's residential address (if different from your residential address)		
Street Address	City	State
Country	Zip Code	Date since residing at current addres (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)	
Child's Middle Name(s)	Child's Other Names (known as)	
Date of Birth (DD/MM/YYYY) Child's Place and Country of Birth		Gender
Child's Occupation	Child's Email Address	
Child's Nationality	Child's Passport Number	
6.11 Child's residential address (if different from your residential address)		
Street Address	City	State
Country	Zip Code	Date since residing at current addres (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)	
Child's Middle Name(s)	Child's Other Names (known as)	
Date of Birth (DD/MM/YYYY) Child's Place and Country of Birth		Gender
Child's Occupation	Child's Email Address	
Child's Nationality	Child's Passport Number	
6.13 Child'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) 6.14 Sibling's Personal Details (Complete for all siblings including half, stepling sibling included in this application? Yes No If no, complete the information below	o, and adopted. Attach additional page	es as required)
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	1	Gender
Sibling's Occupation	Sibling's Email Address	
Sibling's Nationality	Sibling's Passport Number	
6.15 Sibling's residential address (if different from your residential address	es)	
Street Address	City	State
Country	Zip Code	
Date since residing at current address		

DD/MM/YYYY)

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6.16 Sibling's Personal Details (Complete for all siblings including half, step	, and adopted. Attach additional page	s 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	s)	
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 Is your sibling included in this application?	, and adopted. Attach additional page:	s as required)
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	s)	
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 (afte	r marriage)		
Previous Spouse's Full Name (befo	 ore marriage)		
Date of Birth (DD/MM/YYYY)	Place and Country of Birth		
Date of Birth (DD/MM/YYYY)	Duration of Marriage (number of months/years)		
7. INCOME AND SOURCE OF WEAL			
a. Are you self employed? [Yes No		
b. What is your ocupation			
If yes, please complete the following If no, with the details of your primar	g section 7.1 below y business. If no, skip 7.1 and please o	complete section 7.2	
7.1 Details of your primary business	s, if applicable		
Name of Buisiness		Nature of Business	
Registered Address of Business			
Business Website	Business Telephone Number	Business LinkedIn URL	
7.2 Details of Employer's Business, Attach a Curriculum Vitae and Empl	if applicable. oyment Letter or Contract as proof of	employment	
Name of Employer's Buisiness		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?		

7.4 What is the main geographical jurisdiction(s) in w	hich you work/conduct business?	
7.5 What are the most frequent companies or person	s with whom you do business?	
7.6 List all the companies of which you are currently	a director or shareholder.	
7744	000	
7.7 What is your estimated gross annual income in US	201	
7.8 Please provide the personal bank account details f	rom which you will be sending funds to the Citizen	ship by Investment Board
Name of Account Holder	BAN/BIC CODE	Account Number
Bank Name and Address		
7.9. Please provide the banking details of any other acc	count you may use for sending funds to the Citizen	ship 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 educati	on
you successfully completed. (Proof of qualifications is Professional and/or Academic Certificates.	

you successfully completed. (Proof of qualifications is Professional and/or Academic Certificates.					
Start MM/YY	End MM/YY	Name of Institution	Address of Insitution	Qualificatio	n Achieved
. DECLARATIONS	3				
				Yes	No
0.1 Excepting a l Arrested Convicted	minor offence, hav Detair Found	ned Charged	☐ Indicted iinal record expunged		
		category of visa to a country bsequently obtaining such a v	with which Saint Lucia has visa free access isa?		
f yes, note date,	city, county, state	and country in which you wer	e denied the visa.		
0.3 Have you eve	er had a visa cance	elled?			
0.4 Have you eve	er been declared b	ankrupt by a court?			
f yes, note date,	city, county, state	and country in which the cou	rt declared you bankrupt.		
9.5 Have you even	er been involved pe	ersonally, or as a directory in a	any bankruptcy, insolvency or liquidation		
9.6 Have you eve	er testified before	a grand jury or investigative h	earing or probe?		
0.7 Have any cha	arges, or accusation	ons of illegal activity of any na	ture been made against you in any country?		
0.8 Have you eve	er been the subjec	t of any criminal investigation	?		
9.9 Have you eve	er been considered	I to be a potential national sec	curity risk in an country?		
9.10 Have you ev	ver been sentence	d to serve a period of time in d	etention or been on probation?		
9.11 Have you ev	ver received a parc	Ion for any criminal offence?			
f yes, note date,	city, county, state	and country in which you rece	eived the pardon.		
9.12 Have you ev	ver had a civil or cr	iminal record expunged or sea	aled 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 or 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?		
9.21 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?		
924 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 6.1 to 6.25 please provide with further detail. Clearly indicat are being provided in each case. Attach additional sheets as required.	e the number for w	hich the details

10. DATE AND SIGNATURE

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 Authorized Agent or third party completing the form on my behalf, in true and up-to-date in every detail.

I herewith authorize, 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 authorize 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 authorize 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 authorize 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.				
Place	Date	Signature of Applicant		
11. DECLARATION				
understand that my ci	tizenship application may be denied aint Lucian citizenship will be revoke	true and correct and if I have provided false information or omitted information, Id. If it is later found out that I have provided false or incorrect information, Ided pursuant to Section 38(1) of the Citizenship by Investment Act, Cap. 1.20 and I may		
Place		Signature of Applicant		