SAINT VINCENT AND THE GRENADINES

FIRST SCHEDULE FORM 1

Foreign Nationals and Commonwealth Citizens (Employment) Act, 1973

APPLICATION FOR WORK PERMIT TO BE EMPLOYED BY AN EMPLOYER.

1.	Name of Applicant (surname first)		
2.	Date of Birth		
3.	Place of Birth		
4.	Nationality		
5.	Passport No		
	Place of Issue		
	Date of Issue		
	Expiry Date		
6.	Address Here		
7.	Last Address if Applicant has lived outside the State within the past two (2) years		
8.	Status Single [] Married [] Divorced [] Separated [] , Widow or Widower []		
9.	Family relationship with any person bleonging to Saint Vincent and the Grenadines		
10.	Date of arrival or expected date of arrival.		
11.	Name and address of proposed employer.		
12. 13. 14.	Occupation which applicant has followed for last two (2) years. Position in which applicant seeks to be employed. Qualifications, training and experience in this occupation.		
15.	How did applicant become aware of the position mentioned at paragraph 13.		
16.	Proposed period for which work permit is desired.		
	From		
17.	Will wife or husband, children or any other member of family of applicant be accompanying or joining the applicant in Saint Vincent and the Grenadines.		
18.	If so, state names of wife, husband, children or family with date, place of birth and nationality.		
	Name		
	Place of Birth Nationality Nationality		
19.	Do you owe any Income Tax in S.V.G. (in the case of application for renewal).		
	(a) If yes, state amount and arrangements being made for payment.		
	(b) If no, give the number and date of the last receipt for payment.		
2().	Have you or any of your dependants ever been debarred from entering any country or deported from any country. If yes give particulars and dates.		
	I hereby declare that the above information is true and correct.		

Signature of Applicant

PART II

(To be completed by employer only)

Name and address of employer							
				,			
				Is such business or occupation registered as a Company, Partnership or registered under the Business Names Act. Please state dates or Registration			
		mber of employers employed					
		employed in each category at (a), (b), (c) or (d)					
		agerial	, .				
		ssional					
		nical					
		wise					
		nber of employees belonging to Saint Vincent and the Grenadines					
(4) Number of persons belonging to Saint Vincent and the Grenadines employed in each category at (2) above."							
		of Commonwealth Citizens employed – set out amount employed in each categor	abla				
	(5) Number (of Commonwealth Citizens employed – set out amount employed in each categorive	-				
	(5) Number of at (2) abo	ve	• • •				
	(5) Number of at (2) about (6) Number of (6)	of Foreign Nationals employed – set out amount and number employed in each	 ch				
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Signature of Employer