

# FIRST SCHEDULE

Reg. 3

## FORM 1

### APPLICATION TO RESIDE OR TO ENGAGE IN GAINFUL OCCUPATION

Note:

**A** Applicant wishing to engage in gainful occupation is requested to complete the whole form and to submit with this application the following:

- (a) Two (2) passport size photographs with signature on reverse of prints
- (b) Police certificate covering five years residence
- (c) Medical certificate dated not earlier than 30 days before this application
- (d) Written references from previous employers
- (e) Copies of any certificate of examinations referred to in this application
- (f) Letter from prospective employer with:
  - I. certificate from Ministry of Labour with Notification of Vacancy
  - II. copies of newspaper advertisement with replies thereto and results of interview, if any.

**B** Applicant NOT wishing to engage in gainful occupation is requested to complete questions 1 to 20 and 30 to 35 of this form and to submit with this application the following:

- (a) Two (2) passport size photographs with signature on reverse of prints
- (b) Police certificate covering five years residence
- (c) Medical certificate dated not earlier than 30 days before this application
- (d) Two (2) testimonials of good character.

PERSONS INTENDING TO RESIDE OR TO ENGAGE IN GAINFUL  
OCCUPATION MUST BE IN POSSESSION OF A VALID PASSPORT

- Mr.  
Mrs.
- 1 Full Name Miss \_\_\_\_\_
  - 2 Place of Birth \_\_\_\_\_
  - 3 Date of Birth \_\_\_\_\_
  - 4 Present Nationality \_\_\_\_\_
  - 5 Previous Nationality \_\_\_\_\_
  - 6 Particulars of any change of name \_\_\_\_\_
  - 7 Home Address \_\_\_\_\_  
\_\_\_\_\_
  - 8 Single, Married, Divorced \_\_\_\_\_
  - 9 Full name of wife/husband \_\_\_\_\_
  - 10 Nationality of wife/husband \_\_\_\_\_

11 Particulars of children under 18 years of age as follows:

NAME	DATE OF BIRTH	PLACE OF BIRTH

12 Profession or occupation \_\_\_\_\_

13 Particulars of income while in The Bahamas \_\_\_\_\_  
\_\_\_\_\_

14 Financial reference \_\_\_\_\_

15 Whether accompanied by wife/husband \_\_\_\_\_

16 Whether accompanied by children \_\_\_\_\_

17 Particulars of Passport (number, place and date of issue). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18 Date of first arrival in The Bahamas \_\_\_\_\_

19 Date of arrival in The Bahamas in relation to the present application \_\_\_\_\_

20 Local address \_\_\_\_\_

21 Particulars of previous employment in The Bahamas:

Employer	Employer's Address	Position Held	Duration of Employment

22 Particulars of employment elsewhere:

Employer	Employer's Address	Position Held	Duration of Employment

23 Purpose for entering The Bahamas \_\_\_\_\_  
\_\_\_\_\_

24 Particulars of salary, commissions, etc. or other benefits to be received in relation to this application (state amounts)

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25 Schools attended:

Name of School	Address of School	Dates	
		from	to

26 Public examinations taken and results while at school:

Examination	Date	Result

27 University or Higher Education Centre attended:

Name of School	Address of School	Dates	
		from	to

28 Public examinations taken and results while at University or Higher Education Centre:

Examination	Date	Result

29 Qualifications held (eg. Degree, Certificate, etc. with dates awarded) \_\_\_\_\_

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30 Are you in good health? \_\_\_\_\_

31 What serious illness, operation or injuries have you had? \_\_\_\_\_

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32 If answer to Question 31 is in the affirmative, are you completely recovered? \_\_\_\_\_

33 Have you been vaccinated against smallpox? \_\_\_\_\_

34 In what countries have you lived in the past three years, and where have you been staying in the past two weeks?

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35 Have you been convicted of an offence? (To include convictions in any country, and to include all convictions relating to traffic offences.) State Yes or No. \_\_\_\_\_

THE BAHAMAS

THE IMMIGRATION ACT THE  
IMMIGRATION (GENERAL) REGULATIONS

KNOW ALL MEN BY THESE PRESENTS that we

..... and .....  
of.....

are held and firmly bound by the Treasurer of The Bahamas and his  
successors in office in the sum of .....  
good and lawful money of The Bahamas to be paid to the said  
Treasurer and his successors in office for which payment to be well  
and truly made we bind ourselves and each of us and our assigns  
jointly and severally by these presents.

Signed with our seals and dated the .....day of,..... 20

AND WHEREAS various persons are intended to be employed  
during the period of .....by management of the .....

Company and work permits have been or will be applied for in  
respect of such persons not exceeding .....in number under the  
provisions of The Immigration Act.

AND WHEREAS we the said...

and.....desire the said persons to be granted such  
permits and we undertake to repay to the Treasurer any public charges  
including medical expenses and transport incurred by the Treasurer in  
respect of all or any one of the persons to whom such work permits  
have been or may be issued for the purpose of their being employed by  
the management of the.....

Company or any of the wives or other dependants of the same:

NOW THE CONDITION of the above written bond or obligation is  
such that if the said.....

and.....  
do pay unto the said Treasurer any public charges including medical  
expenses and transport incurred by the Treasurer, within a period not  
exceeding one year from the date on which the last such work permit  
ceases to be valid, in respect of all or any one of persons hereinbefore  
specified and the wives or other dependants or any of them the above  
written obligation shall be void but otherwise the same shall remain  
in full force and effect.

Signed Sealed and Delivered  
by the within named  
and  
in the presence of:



36 If Yes, give full details of the offence(s), the penalty, the court in which you were convicted and the date.

\_\_\_\_\_  
\_\_\_\_\_

I certify to the best of my knowledge and belief that the information given in the application is correct. I understand that the discovery of any statement which is false in a material particular may render me liable to prosecution.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Declared to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Commissioner of Oaths, Notary Public, Justice of the Peace



FOR OFFICIAL USE ONLY

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FORM X.

S.I. 204/7975.

THE BAHAMAS

THE IMMIGRATION ACT.

THE IMMIGRATION (GENERAL) REGULATIONS.

KNOW ALL MEN BY THESE PRESENTS that we

.....and .....

of .....

are held and firmly bound to the Treasurer of The Bahamas and his .....

successors in office in the sum of ..... good and lawful money of The Bahamas to be paid to the said Treasurer and his successors in office for which payment to be well and truly made we bind ourselves and each of us and our assigns jointly and severally by these, presents

Sealed with our seals and dated the ..... day of..... , 20

AND WHEREAS we the said.....

and. ....  
desire .....

to be granted an Immigration Permit and we undertake to repay to the Treasurer any public charges to including medical expenses and transport incurred by the Treasurer in respect of the said.....  
.....  
or his wife and any other dependant in The Bahamas

NOW THE CONDITION of the above written bond or obligation is such that if the said .....

and.....  
do pay unto the said Treasurer any public charges including medical expenses and transport incurred by the Treasurer in respect of the said .....

or his wife and any other dependent or do comply with the provisions specified in paragraph (a) or (b), as the case may be, of regulation 17 of the Immigration Regulations, to the satisfaction of the Director of Immigration then the above written obligation shall be void but otherwise the same shall remain in full force and effect.

Signed Sealed and Delivered  
by the within named  
and  
in the presence of:



APPLICATION TO RESIDE OR ENGAGE IN GAINFUL OCCUPATION  
EMPLOYER'S INFORMATION SHEET

DATE: \_\_\_\_\_

FILE NO: IMM/ \_\_\_\_\_

1. NAME OF EMPLOYER: \_\_\_\_\_

2. SPOUSE: \_\_\_\_\_

3. PLACE OF EMPLOYMENT: \_\_\_\_\_

4. TELEPHONE CONTACT: HM \_\_\_\_\_ WK \_\_\_\_\_ CELL \_\_\_\_\_

SPOUSE: HM. \_\_\_\_\_ WK. \_\_\_\_\_ CELL \_\_\_\_\_

5. POSTAL ADDRESS: \_\_\_\_\_

6. NUMBER OF CHILDREN IN THE HOUSEHOLD: \_\_\_\_\_

7. DETAILED DIRECTIONS & DESCRIPTION OF HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. LIVING ARRANGEMENTS FOR PROPOSED EMPLOYEE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. ARE YOU WILLING TO BE RESPONSIBLE FOR:

(a) HOUSING FOR EMPLOYEE'S CHILDREN / SPOUSE: YES: \_\_\_\_\_ NO: \_\_\_\_\_

(b) SCHOOLING OF EMPLOYEE'S CHILD / CHILDREN: YES: \_\_\_\_\_ NO: \_\_\_\_\_

**SIGNATURE OF EMPLOYER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_