



COMMONWEALTH OF DOMINICA
Ministry of Finance
Citizenship by Investment Unit

**D1. APPLICATION FOR CITIZENSHIP BY INVESTMENT
DISCLOSURE FORM**

Surname / Family Name	<input type="text"/>
First / Given name	<input type="text"/>
Passport Number	<input type="text"/>
Country of issue	<input type="text"/>
Date of birth	<input type="text"/>

Securely attach
45mm x 35mm
photograph
of applicant here

For Official Use Only

Reference Number	<input type="text"/>
Date Received	<input type="text"/>
Authorised Agent's number	<input type="text"/>

IMPORTANT INFORMATION. PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM

Type or print as legibly as possible. An answer to every question is required. If a question does not apply to you indicate with "n/a". If space is insufficient, use a separate sheet.

All individuals are advised that this personal history record is an official document and any misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of his / her application.

Information about making a valid application

To make a valid application please ensure that you:

- use only the original Disclosure form issued by the government or an authorised agent;
- provide the address of where you intend to live while your application is being dealt with. A post office box address will not be accepted as your residential address;
- pay the required due diligence, application, processing fees, and be able and willing to pay the full investment amount;
- lodge your application through an authorised agent; [PLEASE NOTE: any application lodged in any other way cannot be accepted and will not be a valid application and will not be processed. For further information refer to the department's website at the time you are planning to make your application.]

You must also:

- complete the form in English;
- answer all questions truthfully; and
- provide supporting documents where required in the prescribed format.

Read the notes on each question. If a question is not applicable, write 'N/A'. Any changes or corrections you make must be initialed and dated by each person who signs the form. If you use the page provided in the form or any other sheets of paper for additional information, each must also be signed and dated by all persons who sign the form.

Information on authorised agents

An authorised agent is someone who is licensed by the Citizenship by Investment Unit and who can:

- tell you the documents you need to submit with your application;
- help you fill in the application and submit it; and
- communicate with the Citizenship by Investment Unit on your behalf.

You must appoint an authorised agent to submit your application and your agent will be the person with whom the Citizenship by Investment Unit will discuss your application and from whom it will seek further information when required.

Information on authorised agents, including a list of licensed agents, is available on the Citizenship by Investment Unit website. Only licensed authorised agents should be used to process your application.

Integrity of application

The Citizenship by Investment Unit is committed to maintaining the integrity of the citizenship programme. In relation to this application, if:

- you;
- a member of your family unit included in this application; or
- a third party acting on your behalf;

Provide or have provided in a previous application relating to yourself or a member of your family unit included in this application, false or misleading information or documents (either knowingly or otherwise) this application is likely to be refused and you and any members of your family unit will be subject to the penalties laid out in the Regulations regarding Citizenship by Investment.

Life in Dominica

The Dominican Government encourages people to gain an understanding of Dominica, its people and their way of life, before applying for citizenship.

The Commonwealth of Dominica is founded upon principles that acknowledge the supremacy of God and recognise fundamental human rights and freedoms, the position of the family in a society of free men and free institutions, the dignity of the human person, and the equal and inalienable rights with which all members of the human family are endowed.

Fundamental human rights and freedoms are enshrined in the Constitution of the Commonwealth of Dominica. Every person in Dominica is entitled to the following rights and freedoms whatever his race, place of origin, political opinions, colour, creed or sex, but subject to respect for the rights and freedoms of others and for the public interest, namely:

- life, liberty, security of the person and the protection of the law;
- freedom of conscience, of expression and of assembly and association; and
- protection for the privacy of his home and other property and from deprivation of property without compensation.

Citizenship by Investment Unit (CBIU) www.cbiu.gov.dm

Email: cbiu@dominica.gov.dm
Address: 3rd Floor, Financial Centre
Ministry of Finance
Kennedy Avenue
Roseau
Commonwealth of Dominica
Tel: +1 767 266 3919
+1 767 266 3456

PART A: Personal Information

A1 Last / Family Name

A10 Name in Local Language Characters

A2 First / Given Name

A11 Mother's Maiden Name

A3 Middle Name(s)

A12 Social Security/National Identification number / Tax Number:
 Social Security / National ID No.: Country:

A4 Other names you are, or have, been known by (name at birth, previous married name or aliases). Include date of change and reason for change

A5 Date of Birth

A13 Drivers Licence Number
 Licence Number Country

A6 Gender

A7 Place and Country of Birth

A8 Country of Citizenship

A9 Passport information

	Passport 1	Passport 2
Passport Number	<input type="text"/>	<input type="text"/>
Issuing Country	<input type="text"/>	<input type="text"/>
Date of Issue	<input type="text"/>	<input type="text"/>
Date of Expiry	<input type="text"/>	<input type="text"/>

A14 Do you hold, or have you ever held, any other citizenships? Yes No

If "yes", please specify the country and passport number or ID number in that country. List any dates of any changes of citizenship including relinquishing citizenship and the place at which such changes were made.

<input type="text"/>
<input type="text"/>

A15* Languages that you read, understand, speak and / or write fluently

A16 Please list the details of all family members included in this application:

Full Name	Date of Birth (dd/mm/yyyy)	Nationality / Current citizenship	Passport Number	Relationship to main applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tick if you have any additional information added at the end of this form or on separate pages.

Current Address

A17 Full Address

City

State

Country

Postal / Zip Code

Date Since

Permanent residential address

A18 Full Address

City

State

Country

Postal / Zip Code

Date Since

A19 Home Telephone

A20 Cell phone / Mobile phone

A21 Fax Number

A22 Email Address

Physical Identifying Characteristics

A23 Color of Eye

A24 Color of Hair

A25 Weight(kg)

A26 Height(cm)

A27 Distinguishing Marks

Military Information

A28 Have you ever served in any armed forces? Yes No

A29 Branch

A30 Date of entry active service

A31 Date of separation

A32 Type of Discharge

A33 Ranking at separation

A34 Serial Number

A35 Were you ever arrested for an offence, which resulted in summary action, a trial, or special or general court martial? Yes No

If yes, please provide details

A36 Please list all addresses where you have lived for the last ten (10) years, please ensure that there are no gaps in your history.

Date from	Date to	Full address (street address, town, postal code, country)
MM/YYYY	MM/YYYY	
MM/YYYY	MM/YYYY	
MM/YYYY	MM/YYYY	
MM/YYYY	MM/YYYY	
MM/YYYY	MM/YYYY	
MM/YYYY	MM/YYYY	
MM/YYYY	MM/YYYY	
MM/YYYY	MM/YYYY	
MM/YYYY	MM/YYYY	
MM/YYYY	MM/YYYY	
MM/YYYY	MM/YYYY	

Tick if you have any additional information added at the end of this form or on separate pages.

PART B: Work, Business and Source of Wealth Information

B37 Occupation by training

B38 Current Primary Occupation

B39 Are you self-employed? Yes No

B40 Name of your primary business or employer

B41 Nature of business or employer's business

B42 Registered address of business or employer

B43 Business telephone number ()

B44 Business fax number ()

B45 Business or employers website address

B46 If own business, registration number and country

B47 List all companies of which you are currently a shareholder or director

B48 Please provide the details for any privileged or professional licenses that you may hold in any state, (e.g. liquor, real estate, professional, financial services or gambling).

Position / Designation Held	Licence / Registration / Practice Number	Licensing Authority
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

B49 Have you ever had any disciplinary action taken against you in respect to any of these licences? Yes No

If "yes" explain the nature of the action

Income, Source of Funds and Source of Wealth

B50 Your estimated gross annual net income (USD) \$

B51 Your total estimated net worth (personal assets minus personal liabilities) \$

B52 Main sources and business activities from which you generate your main source of income

B53 Main geographical jurisdictions in which you conduct business

B54 Most important companies / persons with whom you do business

B55 Please provide a summarized statement of how you have accumulated your Total Net Worth by listing the main acquisitions / dispositions and events (continue on additional paper if necessary)

B56 In the table below, please provide the estimated value of your assets and liabilities (Please provide documentary support for these estimations).

Assets	Amount	Liabilities	Amount
Fixed Assets (eg.property, vehicle, etc.)		Outstanding Long Term Loans (eg. mortgage, car loan, personal loan, etc)	
Savings / Deposits		Outstanding short Term Loans (eg. credit card bills, tax liability)	
Investments (eg.stocks, shares, bonds, debentures, etc.)		Others (please specify)	
Others (please specify)		Total	
Total			

B57 Please provide the personal bank account details from which you will be sending funds to the Government of Dominica

Name of Account holder

Account Number

IBAN / BIC Code

Bank Name and Address

Tick if you have any additional information added at the end of this form or on separate pages.

B58 Please give details of all schools, or training institutions attended and all qualifications obtained up to the highest level of education you successfully completed.

	Period	Name of school	Address	Qualification / diploma achieved
Start	MM YYYY			
End	MM YYYY			
Start	MM YYYY			
End	MM YYYY			
Start	MM YYYY			
End	MM YYYY			
Start	MM YYYY			
End	MM YYYY			

B59 Please give details of your employment history during the last 10 years (List most recent experience first)

Period(Start / End)	Name of Employer	Address of Employer and contact telephone number	Position held	Type of business / Industry	Reasons for leaving
MM YYYY					
MM YYYY					
MM YYYY					
MM YYYY					
MM YYYY					
MM YYYY					
MM YYYY					
MM YYYY					
MM YYYY					
MM YYYY					
MM YYYY					

Tick if you have any additional information added at the end of this form or on separate pages.

PART C: Information about your family

C60 Are you

a. Single	<input type="checkbox"/>	d. Divorced	<input type="checkbox"/>
b. Married	<input type="checkbox"/>	e. Widowed	<input type="checkbox"/>
c. Separated	<input type="checkbox"/>	f. Engaged	<input type="checkbox"/>

C61 If currently married, please provide details of your marriage

a. Date of marriage

DD	MM	YYYY
----	----	------

b. Place of marriage
(City / State/ County / Country)

Details of your spouse
(If engaged, enter details of future spouse)

C62 Spouse's Full Name (Maiden)

C63 Spouse's Place of Birth

C64 Nationality / Citizenship

C65 Passport Number

C66 Spouse's Residential address (if different)

Full Address

City

State

Country

Postal / Zip Code

Home Telephone (if different)

Spouse's Work Telephone

Cell Phone / Mobile

C67 Occupation

C68 Spouse's Employer

C69 Address of Spouse's Employer/Business Entity

Full Address

City

State

Country

Postal / Zip Code

C70 Please provide the following details about any of your previous spouses
(Continue on another page if necessary)

Name	<input style="width: 100%;" type="text"/>
Place and Date of Birth	<input style="width: 100%;" type="text"/>
Nationality	<input style="width: 100%;" type="text"/>
Date of Divorce Order / Decree	<input style="width: 100%;" type="text"/>
Period of Marriage	<input style="width: 100%;" type="text"/>
Name	<input style="width: 100%;" type="text"/>
Place and Date of Birth	<input style="width: 100%;" type="text"/>
Nationality	<input style="width: 100%;" type="text"/>
Date of Divorce Order / Decree	<input style="width: 100%;" type="text"/>
Period of Marriage	<input style="width: 100%;" type="text"/>

Details of your family

Please provide details of all family members, whether applying for citizenship with you or not, including where relevant, those legally adopted. If any family member is deceased, please give their details and write 'deceased' in the field "Residential Address".

C71 Details of your father

a. Last name / Family name

b. First / Given name

c. Date of Birth

DD	MM	YYYY
----	----	------

d. Place of Birth

e. Citizenship / Nationality

f. Residential Address

g. Occupation

h. Is this parent included in your application

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

C72 Details of your mother

a. Last name / Family name

b. First / Given name

c. Date of Birth

DD	MM	YYYY
----	----	------

d. Place of Birth

e. Citizenship / Nationality

f. Residential Address

g. Occupation

h. Is this parent included in your application

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Tick if you have any additional information added at the end of this form or on separate pages.

C73 Details of your father-in-law

a. Last name / Family name

b. First / Given name

c. Date of Birth

d. Place of Birth

e. Citizenship / Nationality

f. Residential Address

g. Occupation

h. Is this parent included in your application Yes No

C74 Details of your mother-in-law

a. Last name / Family name

b. First / Given name

c. Date of Birth

d. Place of Birth

e. Citizenship / Nationality

f. Residential Address

g. Occupation

h. Is this parent included in your application Yes No

C75 Details of all brothers and sisters (including half, step and adopted siblings)

a. Last name / Family name

b. First / Given name

c. Date of Birth

d. Place of Birth

e. Citizenship / Nationality

f. Residential Address

g. Occupation

h. Gender M F

a. Last name / Family name

b. First / Given name

c. Date of Birth

d. Place of Birth

e. Citizenship / Nationality

f. Residential Address

g. Occupation

h. Gender M F

a. Last name / Family name

b. First / Given name

c. Date of Birth

d. Place of Birth

e. Citizenship / Nationality

f. Residential Address

g. Occupation

h. Gender M F

a. Last name / Family name

b. First / Given name

c. Date of Birth

d. Place of Birth

e. Citizenship / Nationality

f. Residential Address

g. Occupation

h. Gender M F

a. Last name / Family name

b. First / Given name

c. Date of Birth

d. Place of Birth

e. Citizenship / Nationality

f. Residential Address

g. Occupation

h. Gender M F

a. Last name / Family name

b. First / Given name

c. Date of Birth

d. Place of Birth

e. Citizenship / Nationality

f. Residential Address

g. Occupation

h. Gender M F

Tick if you have any additional information added at the end of this form or on separate pages.

C76 Details of children (biological, adopted and step-children)

a. Last name / Family name

b. First / Given name

c. Gender M F

d. Date of Birth DD MM YYYY

e. Place of Birth

f. Citizenship / Nationality

g. Residential Address

h. Occupation

i. Is this child included in your application? Yes No

a. Last name / Family name

b. First / Given name

c. Gender M F

d. Date of Birth DD MM YYYY

e. Place of Birth

f. Citizenship / Nationality

g. Residential Address

h. Occupation

i. Is this child included in your application? Yes No

a. Last name / Family name

b. First / Given name

c. Gender M F

d. Date of Birth DD MM YYYY

e. Place of Birth

f. Citizenship / Nationality

g. Residential Address

h. Occupation

i. Is this child included in your application? Yes No

a. Last name / Family name

b. First / Given name

c. Gender M F

d. Date of Birth DD MM YYYY

e. Place of Birth

f. Citizenship / Nationality

g. Residential Address

h. Occupation

i. Is this child included in your application? Yes No

a. Last name / Family name

b. First / Given name

c. Gender M F

d. Date of Birth DD MM YYYY

e. Place of Birth

f. Citizenship / Nationality

g. Residential Address

h. Occupation

i. Is this child included in your application? Yes No

a. Last name / Family name

b. First / Given name

c. Gender M F

d. Date of Birth DD MM YYYY

e. Place of Birth

f. Citizenship / Nationality

g. Residential Address

h. Occupation

i. Is this child included in your application? Yes No

PART D: Declarations

<p>D77 Have you ever been arrested, detained, charged, indicted, convicted, found guilty or been expunged of any offence(s) against the law in any country (Except Minor traffic citations.)?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>D86 Have you ever been involved, directly or indirectly, in the financing of terrorism or in any terrorist or criminal organization?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>D78 Have you ever testified before a grand jury or investigative hearing or probe?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>D87 Have you ever been under investigation by any law enforcement agency or tax authority in any country?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>D79 Have any charges, or accusations of illegal activity of any nature been made against you in any country?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>D88 Have you ever been involved personally, or as a director in any bankruptcy, insolvency or liquidation?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>D80 Have you ever been sentenced to serve a period of time in detention or been in probation?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>D89 Have you ever been refused an entry visa to, or residency permit in any country, been unlawfully present in, been deported from any country, or sought to assist others to do the same?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>D81 Have you ever received a pardon for any criminal offense? (If yes, note Date, City, County, State and Country.)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>D90 Have you ever had a visa cancelled?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>D82 Have you ever had a civil or criminal record expunged or sealed by a court order? Yes /No If yes, give details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>D91 Have you ever applied for citizenship in any country and citizenship has not been granted?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>D83 Have you ever been subpoenaed to appear to testify before a federal, state, or county grand jury, board or commission?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>D92 Have you ever been the subject of any order, judgment 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?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>D84 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?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>D93 Have you ever been a senior politician, head of state or government, official of a political party, senior judicial or military official, and/or senior executive of state-owned enterprise?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>D85 Have you, as an individual, or as an owner, partner, director or officer of any partnership, corporation or other entity, ever been a party to a lawsuit as either a plaintiff or defendant? (Other than divorces).</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		

If you have answered yes to any questions from D77-D93 please provide with further details:

D94 Please provide the details of two character references who have known you for five (5) years or more. Do not include relatives, present employers or employees:

a. Full Name		
b. Street Address		
c. City / State		
d. Country and postal code		
e. Home Phone		
f. Cell Phone /Mobile Number		
g. Email Address		
h. Years Known		
i. Occupation		
j. Employer		
k. Work Phone		

Tick if you have any additional information added at the end of this form or on separate pages.

PART F: Required Documents

You must provide the following documents with your application. Please ensure that these comply with the requirements of the Citizenship by Investment Regulations and any circulars issued by the Citizenship by Investment Unit:

- Two (2) completed and signed copies of **Application Form 12** for each applicant
- D2.** Fingerprint and Photo Verification Form
- D3.** Medical Certificate and HIV test*
- Certified copy of passport
- Original and/or certified copy of birth certificate
- Certified copy of national ID document
- Certified copy of Marriage Certificate/Dissolution of Marriage
- Letter of Employment/Audited Financial Statement / Letter of Incorporation
- Four (4) passport size photos for each applicant
- Military Service and Discharge Documents
- Police Record from country of birth and country of residence (if different) for each applicant sixteen (16) years and over*

The following documents are required from the main applicant only:

- D4.** Investment Agreement or Proof of real estate investment
- One (1) professional reference*
- Two (2) Personal references*
- Recommendation from applicant's bankers / 6 months' bank statements*
- Proof of residential address*

*Kindly note that these documents are only valid if prepared within a certain amount of time prior to submitting the application to the Citizenship by Investment Unit. Please ask your authorised agent for further assistance.

PART G: Assistance with this Form

G95 Did you receive assistance completing this form?

Yes No

G96 If Yes, please give the details of the person who assisted you:

- a. Name
- b. Company name
- c. Address
- d. Contact information (email and telephone)

G97 Is the person an agent registered by the Citizenship by Investment Unit?

Unsure Yes No

Appointment of authorised agent

Please provide your authorization for the agent who will represent you to the Citizenship by Investment Unit:

I _____

hereby authorise _____

to act on my behalf with regard to this application, submit the application, receive communications including my comfort letter and citizenship certificate and submit replies to any queries on my behalf.

Please Note: you may cancel or revoke this authorization at any point in the application process. In order to do so you must inform the Citizenship by Investment Unit in writing that you have cancelled or revoked your authorization and provide the Citizenship by Investment Unit with the name and full contact details of your replacement authorised agent.

PART H: Undertakings, Signature and Authorisation

NOTE - Please ensure that you carefully read the undertakings below before signing this document.

Please ensure that the information that you have provided on this form is true and correct. If you have made any false statements or omitted information requested on this form, your citizenship application could be declined. If it is found later that you have provided false or incorrect information, you may be deprived of your citizenship and you may face criminal prosecution.

Declarations

I _____ hereby make the following declarations:

- (i) I certify that I have read and understood all of the questions in this form and that the information supplied in or with this form, and any attachments, whether supplied directly by myself or through an agent completing the form on my behalf, is true and up to date in every detail.
- (ii.) I authorise, without reservation, the Government of Dominica to verify any personal information about me or my family. Accordingly, I authorise the Government of Dominica, either directly, or through any agent that the Government may decide to engage, in order to obtain further information, credit reports, criminal records or other kind or records about me or my family, which the Government may deem necessary and I understand that such information, reports, and records may be obtained from public sources, government agencies or private agencies. I authorise any agencies contacted to furnish the requested information, reports or records about me or my family and I release all parties involved from any responsibility and liability for doing so. I authorise the release by the Government of Dominica of any personal information about me or my family given on this form or otherwise obtained by the Government in order to verify such information or obtain such reports or records about me or my family, which may assist the Government of Dominica in deciding whether I qualify for citizenship.
- (iii.) I confirm that my wealth has been obtained from completely legitimate sources, and is not, whether directly or indirectly, from the proceeds of criminal activities of any kind.
- (iv.) I understand that I may be required to attend an interview in person with officials of the Commonwealth of Dominica prior to the granting of my citizenship.
- (v.) I understand that becoming a citizen of the Commonwealth of Dominica may affect my present citizenship status.
- (vi.) If there is any change in my circumstances between the date of this application and the date of granting of citizenship, which affects the information I have given in this application, I confirm that I will inform the Citizenship by Investment Unit in writing of this change promptly.
- (vi.) In the event of the citizenship of the Commonwealth of Dominica being granted to me, I do solemnly pledge that:
- I will faithfully observe the laws of the Commonwealth of Dominica at all times,
 - I have read and understood the fundamental principles, beliefs and values of the Commonwealth of Dominica and will respect these,
 - I will conduct myself in a manner which will at no time bring disrepute to the Commonwealth of Dominica,
 - I will not act against the interests of the Commonwealth of Dominica.
- (vii) I confirm that I will put the required amount for the qualifying investment in an approved escrow account and that I am ready to proceed with my investment in the event that Citizenship of the Commonwealth of Dominica is granted to me.

I certify that the facts contained in this part and in this disclosure form are true and complete to the best of my knowledge and belief and I further understand that any false statement on this form shall be grounds for rejection. I declare that I have fully read and understood all the statements on this form having asked and obtained an explanation for every point that was not clear to me. I hereby apply to be granted citizenship of the Commonwealth of Dominica.

Place and Date

Signature of applicant (in case of children under the age of 18, both parents must sign in this space)

Tick if you have any additional information added at the end of this form or on separate pages.

