INSTRUCTION SHEETS

PERMANENT RESIDENCE

1. Form to be completed and signed.

2. Reference letter from a reputable person in country of birth or residence and Grenada.

3. Bank Reference.

4. Police Certificate of Character from country of origin and Grenada. Must be dated within 6 months of application.

5. Four passport size photographs (50mm×50mm) of the applicant **CERTIFIED** by a Justice of the Peace or Notary Public: "I certify that this is a true likeness of……."

6. **ORIGINAL** and **ONE (1) PHOTOCOPY** of Birth Certificate. If name does not appear on Birth Certificate an **ORIGINAL** Affidavit is required.

7. Letter stating date of arrival in Grenada, purpose of visit, the activities engaged in and reason why applicant would like to acquire Permanent Residence Status.

8. Medical Report from a Registered Practitioner, which includes:-

    a. Chest X-Ray
    b. Malaria Blood Smear
    c. Serum Creatinine
    d. RPR, VDRL or other serologic test for Syphilis
    e. Stool for culture and Microscopic examination
    f. HIV antibody test
    g. Update immunization status including measles, mumps, rubella, tetanus and hepatitis B- 3 dose
       *Immunization card **MUST** be produced.
    h. Mantoux (TB) test

The Medical Report MUST be done at any MEDICAL FACILITY in Grenada.

NB: **Applicant's height and colour of eyes, Applicant's Occupation, Contact Number should be included on application form & copy of Passport**

Fees: Security Check-$275.00 **Caricom**-$1,000.00 **Non-Caricom**-$5,000.00

Permanent Residence Application Form

1. Name of Applicant: .....
2. Address: .....
3. Date and place of birth: .....
4. _ arne of Spouse: .....
5. Nationality: .....
6. Address of Spouse: .....
7. Date of birth of Spouse: .....
8. Nationality of Spouse: .....
9. Passport Number: .....
10. Date of issue: .....
11. Place of issue: .....
12. Occupation: .....
13. Place of Employment: .....
14. Address during the past (4) years: .....

15. Banker's Address: .....
16. Source of income: .....
17. Dependants (if any) residing with Applicant: .....

18. Reasons for application: .....

19. Date of application: .....

Signature of Applicant: .....