



**COMMONWEALTH OF DOMINICA**  
**Ministry of Finance**  
**Citizenship by Investment Unit**

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. The Citizenship by Investment Unit encourages you to only use a licensed authorised agent.

### 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, faith in 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.

Certain 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 origins, 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: 1st Floor, Financial Centre  
Ministry of Finance  
Kennedy Avenue  
Roseau  
Commonwealth of Dominica

Tel: +1 767 266 3919  
+1 767 266 3974  
+1 767 266 4465

# PART A: Personal Information

Is this a sponsored application? Yes  No

Fill with an x

Please provide a D1 for the sponsor if applicable

A1 Last / Family Name

A2 First / Given Name

A3 Middle Name(s)

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     
(DD/MM/YYYY)

A6 Gender Male  Female   
Fill with an x

A7 Place and Country of Birth

A8 Country of Citizenship

A9 Passport information

Passport 1

Passport 2

Passport Number

Issuing Country

Date of Issue

Date of Expiry

A14 Do you hold, or have you ever held, any other citizenships? Yes  No   
Fill with an x

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.



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

A16 Please specify how many dependants are included in your application and list the dependants below

Full Name	Date of Birth	Nationality / Current citizenship	Passport Number	Dependant's 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"/>
<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"/>

Current Address

A17 Full Address

City

State

Country

Postal / Zip Code

Date Since (MM/YYYY)

Permanent residential address

A18 Full Address

City

State

Country

Postal / Zip Code

Date Since (MM/YYYY)

A19 Home Telephone

A20 Cell phone / Mobile phone

A21 Email Address

Physical Identifying Characteristics

A22 Colour of Eye

A23 Colour of Hair

A24 Weight(kg)

A25 Height(cm)

A26 Distinguishing Marks

Military Information

A27 Have you ever served in any armed forces?  
*Fill with an x* Yes  No

A28 Branch

A29 Date of entry active service  
*(DD/MM/YYYY)*

A30 Date of separation

A31 Type of Discharge

A32 Ranking at separation

A33 Serial Number

A34 While in the Military service were you ever arrested for an offence, which resulted in summary action, a trial, or special or general court martial?  
*Fill with an x* Yes  No

If yes, please provide details

A35 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 <i>(MM/YYYY)</i>	Date to <i>(MM/YYYY)</i>	Full address (street address, town, postal code, country)
<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.

# PART B: Work, Business and Source of Wealth Information

B36 Occupation by training

B37 Current Primary Occupation

B38 Are you self-employed?  
*Fill with an x* Yes  No

B39 Name of your primary business or employer

B40 Nature of business or employer's business

B41 Registered address of business or employer

B42 Business telephone number

B43 If own business, country of incorporation and registration number

B44 Business or employers website address

B45 Please provide the details for any privileged or professional license 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"/>

B46 Have you ever had any disciplinary action taken against you in respect to any of these licences? *Fill with an x* Yes  No

If yes explain the nature of the actions taken.

B47 List all companies you are currently a shareholder or director

## Income, Source of Funds and Source of Wealth

B48 Your gross estimated annual net income (in USD)  \$

B49 Your total estimated net worth (personal assets minus personal liabilities)  \$

B50 Sources of income (business activities from which you generate your main source of income)

B51 Geographical locations that you conduct business in

B52 Most important companies/ persons with whom you do business

B53 Please provide a summarised statement of how you have accumulated your Total Net Worth by listing the main acquisitions /dispositions and events (continue on additional paper if necessary)

B54 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)	<input type="text"/>	Outstanding Long Term Loans (eg. mortgage, car loan, personal loan, etc)	<input type="text"/>
Savings / Deposits	<input type="text"/>	Outstanding short Term Loans (eg. credit card bills, tax liability)	<input type="text"/>
Investments (eg.stocks and shares, bonds, debentures, managed investments, etc)	<input type="text"/>	Others ( please specify)	<input type="text"/>
Others (please specify)	<input type="text"/>		<input type="text"/>
Total	<input type="text"/>	Total	<input type="text"/>

**B55** Please provide the personal bank account details from which you will be sending funds to the Government of Dominica.

Name of account holder	<input type="text"/>	IBAN/BIC code	<input type="text"/>
Account number	<input type="text"/>	Bank name and address	<input type="text"/>

**B56** 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 (MM/YYYY)	Name of school	Address	Qualification / diploma achieved
Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
End	<input type="text"/>			
Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
End	<input type="text"/>			
Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
End	<input type="text"/>			
Start	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
End	<input type="text"/>			

**B57** Please give details of your employment history during the last 10 years ( List most recent experience first)

Period (Start/End) (MM/YYYY)	Name of Employer	Address of Employer and contact telephone number	Position held and supervisor	Type of business / Industry	Reasons for leaving
<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"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<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"/>					

Check this box if more information is provided at the end of the form or on a separate sheet.

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

# PART C: Information about your family

C58 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"/>

C65 Spouse's Occupation

C66 Spouse's Employer

C67 Address of Spouse's Employer/Business Entity

C59 If currently married, please provide details of your marriage

Date of marriage (DD/MM/YYYY)

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

Full address

City

State

Country

Postal / Zip Code

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

C60 Spouse's Full Name (Maiden)

C68 Please provide the following details about any of your previous spouses.

C61 Spouse's Place of Birth

Name

C62 Spouse's Nationality / Citizenship

Place and Date of Birth

C63 Passport Number

Nationality

C64 Spouse's Residential address (if different )

Full address

Date of Divorce Order / Decree

City

Period of Marriage

State

Name

Country

Place and Date of Birth

Postal / Zip Code

Nationality

Spouse's Home Telephone (if different)

Date of Divorce Order / Decree

Spouse's Work Telephone

Period of Marriage

Cell Phone / Mobile

**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".

C69 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

C70 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  No

h. Is this parent included in your application *Fill with an x* Yes  No

*Fill with an x*

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

C71 Details of your father-in-law

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  No   
*Fill with an x*

C73 Details of your mother-in-law

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  No   
*Fill with an x*

C72 Details of all brothers and sisters (including half, step and adopted siblings)

a. Last name / Family name

b. First / Given name

c. Gender M  F   
*Fill with an x*

d. Date of Birth (DD/MM/YYYY)

e. Place of Birth

f. Citizenship / Nationality

g. Residential Address

h. Occupation

a. Last name / Family name

b. First / Given name

c. Gender M  F   
*Fill with an x*

d. Date of Birth (DD/MM/YYYY)

e. Place of Birth

f. Citizenship / Nationality

g. Residential Address

h. Occupation

a. Last name / Family name

b. First / Given name

c. Gender M  F   
*Fill with an x*

d. Date of Birth (DD/MM/YYYY)

e. Place of Birth

f. Citizenship / Nationality

g. Residential Address

h. Occupation

a. Last name / Family name

b. First / Given name

c. Gender M  F   
*Fill with an x*

d. Date of Birth (DD/MM/YYYY)

e. Place of Birth

f. Citizenship / Nationality

g. Residential Address

h. Occupation



C74 Details of children (biological, adopted and step-children)

a. Last name / Family name

b. First / Given name

c. Gender *Fill with an x* 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? *Fill with an x* Yes  No

a. Last name / Family name

b. First / Given name

c. Gender *Fill with an x* 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? *Fill with an x* Yes  No

a. Last name / Family name

b. First / Given name

c. Gender *Fill with an x* 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? *Fill with an x* Yes  No

a. Last name / Family name

b. First / Given name

c. Gender *Fill with an x* 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? *Fill with an x* Yes  No

a. Last name / Family name

b. First / Given name

c. Gender *Fill with an x* 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? *Fill with an x* Yes  No

a. Last name / Family name

b. First / Given name

c. Gender *Fill with an x* 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? *Fill with an x* Yes  No

# PART D: Declarations

Fill with an x

**D75** 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 infringements)? Yes  No

**D84** Have you ever been involved, directly or indirectly, in the financing of terrorism or in any terrorist or criminal organisation? Yes  No

**D76** Have you ever testified before a grand jury or investigative hearing or probe? Yes  No

**D85** Have you ever been under investigation by any law enforcement agency or tax authority in any country? Yes  No

**D77** Have any charges, or accusations of illegal activity of any nature been made against you in any country? Yes  No

**D86** Have you ever been involved personally, or as a director in any bankruptcy, insolvency or liquidation? Yes  No

**D78** Have you ever been sentenced to serve a period of time in detention or been in probation? Yes  No

**D87** 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? Yes  No

**D79** Have you ever received a pardon for any criminal offence? (If yes, note Date, City, County, State and Country.) Yes  No

**D88** Have you ever had a visa cancelled? Yes  No

**D80** Have you ever had a civil or criminal record expunged or sealed by a court order? Yes / No If yes, give details. Yes  No

**D89** Have you ever applied for citizenship in any country and citizenship has not been granted? Yes  No

**D81** Have you ever been subpoenaed to appear to testify before a federal, state, or county grand jury, board or commission? Yes  No

**D90** 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? Yes  No

**D82** 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? Yes  No

**D91** 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? Yes  No

**D83** 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). Yes  No

If you have answered yes to any questions from D75-D91 please provide us with further details

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

D92 Please provide details of two character references who have known you for five (5) years or more. DO NOT include relatives, present employer, or employees:

Reference 1

Reference 2

Full Name

Street Address

City / State

Country and postal code

Home Phone

Cell Phone /  
Mobile Number

Email Address

Years Known

Occupation

Employer

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:

*Fill with an x*

- |                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Two (2) completed and signed copies of <b>Application Form 12</b> for each applicant   | <input type="checkbox"/> | Six (6) passport size photos for each applicant                            |
| <input type="checkbox"/> | <b>D2</b> Fingerprint and Photo Verification Form  | <input type="checkbox"/> | Letter of Employment/Audited Financial Statement / Letter of Incorporation |
| <input type="checkbox"/> | <b>D3</b> Medical Questionnaire + HIV, blood, urine test results   | <input type="checkbox"/> | 12 months bank statements  |
| <input type="checkbox"/> | <b>D4</b> Investment Agreement or sale and purchase agreement  | <input type="checkbox"/> | Proof of residential address   |
| <input type="checkbox"/> | Certified copy of passport   | <input type="checkbox"/> | Two (2) professional references  |
| <input type="checkbox"/> | Original and/or certified copy of birth certificate  | <input type="checkbox"/> | Certified copies of educational diplomas                                   |
| <input type="checkbox"/> | Certified copy of national ID document   |                          |  |
| <input type="checkbox"/> | Certified copy of marriage certificate/dissolution of marriage (if applicable)   |                          |  |
| <input type="checkbox"/> | Military Service and Discharge Documents (if applicable)   |                          |  |
| <input type="checkbox"/> | Police Record, from country of birth, current country of residence and any previous countries where you resided for six months or more (each applicant aged 16 and over) |                          |  |

## PART G: Assistance with this Form

**G93** Did you receive assistance completing this form?

*Fill with an x*

Yes  No

**G94** If Yes, please give the details of the person who assisted you:

- |   |                      |
|---|----------------------|
| a. Name   | <input type="text"/> |
| b. Company name                                 | <input type="text"/> |
| c. Address                                      | <input type="text"/> |
| d. Contact information<br>(email and telephone) | <input type="text"/> |

**G95** Is the person an agent registered by the Citizenship by Investment Unit?

*Fill with an x*

Unsure  Yes  No

### Appointment of authorised agent

Please provide your authorisation 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 authorisation 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 authorisation 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 kinds of 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.
- vii. 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,
  - 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, and
  - I will not act against the interests of Commonwealth of Dominica.
- viii. 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.
- ix. I confirm that I have been fully and clearly informed and had explained to me, and I fully understand the requirement that as a condition of the approval of my application for citizenship of the Commonwealth of Dominica under the Citizenship by Investment Programme, I am prohibited from seeking or applying for asylum in any country.

x. I hereby give my solemn undertaking that I will not at any time whilst the holder of citizenship of the Commonwealth of Dominica seek or apply for asylum in any country.

xi. I also confirm that I have been informed and had fully and clearly explained to me and I understand that if I breach this prohibition I will forthwith forfeit my entitlement to citizenship of the Commonwealth of Dominica and my said citizenship shall be revoked.

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)

