



GOVERNMENT OF GRENADA

APPLICATION FORM
CITIZENSHIP OR PERMANENT RESIDENCE BY INVESTMENT
FAMILY MEMBERS ANNEX 2 - SRO 17

A1. Surname (family) name as shown in passport		A2. First (given) name(s) as shown in passport	
A3. Place and country of birth		A4. Date of birth ____/____/____ Day Month Year	A5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
A6. Home Address		A7. Country of Residence	
A8. Passport Number		A9. Passport issued by	A10. Passport expiry date
<p>A11. Please list all family members who will be included with you under the same application. Please identify the category of each spouse or dependent individually as follows:</p> <p>1) spouse 2) son or daughter aged 0 – 11 years 3) son or daughter aged 12 – 17 years 4) son or daughter aged 18 – 25 years 5) parent 6) other (identify with specificity)</p>			
Surname (family name)	First (given) name	Relationship to main applicant	Category



PLEASE NOTE THAT ADDITIONAL INFORMATION FORMS MUST BE COMPLETED FOR EACH APPLICANT LISTED ABOVE		A12. Number of listed persons (not including main applicant)	

I hereby certify that the information given above is true and accurate to the best of my knowledge and belief and hereby certify that I have read and understood the form checklist and read and understood all forms identified in that checklist and any attachments to those forms, and all of the questions and information contained within them. I certify that all information provided is true and complete and up to date. I understand that becoming a citizen of Grenada may affect my citizenship or residence status in other countries.

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Date: (MM/DD/YYYY)

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Signature of Applicant

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Printed name of Applicant