



(Form L.I. 11)

**COMMONWEALTH OF DOMINICA
CONSULATE
ATHENS GREECE**

RESIDENCE PERMIT

OTHER PARTICULARS TO BE SUPPLIED WITH RESIDENCE APPLICATION FORM (L.I. 01 & 07)

All non-Nationals above the age of 18 years **MUST** complete application form **IN DUPLICATE**.

Applicants **MUST** in addition supply the following particulars with this form:

1. A Medical Certificate that the applicant is in good health and has not in the past three years suffered from any communicable disease (Below Form).
2. Two testimonials one of which shall be from the last employer.
3. A statement of financial position from a reputable banker from applicant or person accepting responsibility for applicant.
4. A statement from the Commissioner of Police of the applicant's home state setting out the applicant's police record (not exceeding 3 months).
5. Proof that the applicant has a return ticket to his normal place of residence or has made a deposit to cover the cost of such ticket.
6. Two (2) passport size photographs/valid passport (**passport must be valid up to 6 months**).
7. Application fee **\$90.00 (CARICOM Members)** or **\$500.00 (Non-CARICOM)** to be paid at Treasury.
8. Photocopy of Treasury receipt as proof of payment of application fee.
9. Letter from applicant's friend/family accepting responsibility for applicant while in Dominica.
10. Marriage Certificate.
11. Cover letter from applicant requesting permit.
12. Extension of stay from Immigration Police Department is required during the period that application is being processed.

FOR MORE INFORMATION KINDLY CONTACT AT:

Commonwealth of Dominica

Consulate Athens, Greece

3 Mavromichali Street GR 106 79 Athens, GREECE

Tel.: +30 2103627889 +30 6937 22 88 88

Fax. : +30 210 36178, +30 210 3387088

Email: info@dominicaconsulategreece.com or consul@dominicaconsulategreece.com

THE IMMIGRATION AND PASSPORT ACT CHAP.18:01 OF 1990

APPLICATION FOR PERMIT TO RESIDE IN DOMINICA

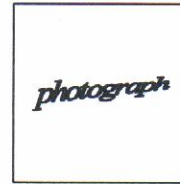
NAME OF APPLICANT (*IN FULL*):

AGE:

MARITAL STATUS:

CHILDREN:

NAMES AND AGES OF CHILDREN BELOW THE AGE
OF 18 YEARS ACCOMPANYING YOU:



PRESENT ADDRESS:

PERMANENT ADDRESS:

NATIONALITY:

AT BIRTH IF DIFFERENT:

DATE AND PLACE OF BIRTH:

PASSPORT NO:

DATE OF ISSUE:

PLACE OF ISSUE:

EXPIRY DATE:

POLICE RECORD:

REASONS FOR WISHING TO SETTLE HERE:

HAVE YOU BEEN OFFERED EMPLOYMENT:

NAME OF FIRM OR AGENCY MAKING OFFER:

HAVE YOU ANY SPECIAL SKILLS OR TRAINING:

PROFESSIONAL OR OTHER QUALIFICATIONS:

COPIES OF PROFESSIONAL CERTIFICATES ETC:

DEPOSIT FOR PASSAGE:

CAN YOU MEET THIS?

STATE No. OF PREVIOUS PERMIT:

RECEIPT No. FOR APPLICATION FEE:

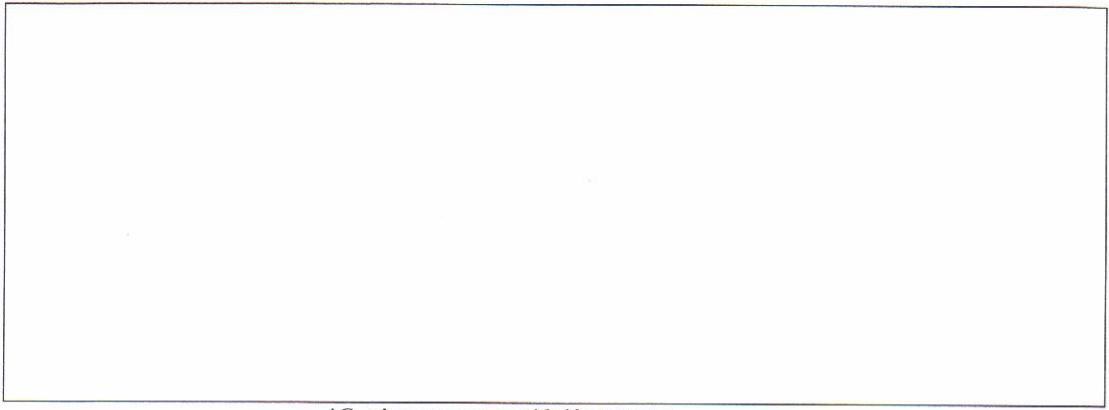
SCHEDULED DATE OF ARRIVAL:

EXTENSION OF STAY:

.....
Signature of Applicant

.....
Date

MEDICAL EXAMINATION OF APPLICANTS FOR RESIDENCE/WORK PERMIT		Place:																		
		Date of Examination:																		
At the request of the Ministry of Immigration – Dominica	City:	Country:																		
I certify on the above date I examined:	Name:	Age:	Sex:																	
	Who bears passport No.	Issued By:	On:																	
<p>I examined specifically for evidence of any of the following conditions:</p> <p><u>CLASS A:</u></p> <p style="text-align: center;">DANGEROUS CONTAGIOUS DISEASES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Chancroid</td> <td style="width: 50%;">Lymphogranuloma</td> </tr> <tr> <td>Gonorrhoea</td> <td>Syphilis, infectious stage</td> </tr> <tr> <td>Granuloma inguinale</td> <td>Tuberculosis, active</td> </tr> <tr> <td>Leprosy, infectious</td> <td>HIV</td> </tr> </table> <p style="text-align: center;">MENTAL CONDITIONS</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Mental retardation (mental deficiency)</td> <td style="width: 33%;">Previous occurrence of one or more attacks of insanity</td> <td style="width: 33%;">Mental defect</td> </tr> <tr> <td>Insanity</td> <td>Psychopathic personality</td> <td>Narcotic drug addiction</td> </tr> <tr> <td></td> <td>Sexual deviation</td> <td>Chronic alcoholism</td> </tr> </table> <p><u>CLASS B:</u></p> <p>Physical defect, Disease or Disability serious in degree or permanent in nature amounting to a substantial departure from normal physical well-being.</p> <p><u>CLASS C:</u></p> <p>Minor conditions</p>				Chancroid	Lymphogranuloma	Gonorrhoea	Syphilis, infectious stage	Granuloma inguinale	Tuberculosis, active	Leprosy, infectious	HIV	Mental retardation (mental deficiency)	Previous occurrence of one or more attacks of insanity	Mental defect	Insanity	Psychopathic personality	Narcotic drug addiction		Sexual deviation	Chronic alcoholism
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	Sexual deviation	Chronic alcoholism																		
<p>(CHECK NUMBER (1) BELOW OR COMPLETE (2))</p> <p>My examination, including the X-ray and other reports below, revealed:</p> <ol style="list-style-type: none"> 1. No defect, disease or disability 2. Defect, disease, or disability, or previous occurrence of one or more attacks of insanity, as follows (give class – A, B or C – diagnosis and permit details): 																				
<p>Chest X-ray Report</p> <p style="text-align: right;">..... <i>From Dr.</i></p> <p>Blood Serological Report <i>From Dr.</i></p> <p>Other Special Report (s) when needed</p> <p style="text-align: right;">..... <i>From Dr.</i></p> <p>..... <i>Signature of Medical Technical Advisor</i> <i>Title:</i> <i>Date of Final Report:</i></p>																				



**Continue on reverse side if necessary*