

REPUBLIC OF VANUATU

Citizenship Nomination Check List

| For official use only |
|-----------------------|
| File number |
| Data received |

| Principal candidate's surname: | Principal candidate's first (given) name: | Gender: Male Female |
|--------------------------------|---|--|
| Place and country of birth: | Date of birth (dd/mm/yy) | Number of family members included in the nomination: |

NOTE: All documents to be in English - or certified translations

| Documents | | nts | PRINCIPAL AND SPOUSE CANDIDATES |
|-----------|------|-----|---|
| Stag | e 1: | FIU | Pre - Approval |
| 1 | | | Nomination form – Stage 1 Pre-approval |
| 2 | | | Passport copy - bio page (principal + spouse - certified copy) |
| 3 | | | Photo Identity card or driver license (principal + spouse - certified copy) |
| 4 | | | Personal Profile (CV) including Education and Employment History (principal + spouse) |
| 5 | | | Police clearance from principal place of residence (principal + spouse - certified English translation) |
| 6 | | | Police cleareance from country of origin (principal + spouse - certified English translation) |

| Stage 2: | Full Document Submission |
|----------|--|
| 1 | Nomination Form - Full Documentation |
| 2 | Birth Certificate / or approved option |
| 3 | Medical Certificate |
| 4 | 1 Color photograph (40mm x 50mm) - JPEG file |
| 5 | Asset Report – certified copy (principal only) |
| 6 | Bank Reference (principal only) |
| 7 | Employment Letter (principal only) |
| 8 | Marriage certificate (for family application) |
| 9 | 3 professional referees (principal only) |
| 10 | Degree / Diploma where available (principal only) |
| 11 | Proof of current residential address (utility bill, bank statement, etc) |

Nomination Check List

| C1 | C2 | С3 | C4 | C5 | DEPENDENT CHILD(REN) UNDER 18 – PART 1 |
|----------------|------|------|------|------|---|
| C1-1 | C2-1 | C3-1 | C4-1 | C5-1 | Nomination form – Part 1 |
| C1-2 | C2-2 | C3-2 | C4-2 | C5-2 | Passport copy (bio page) – If available - certified copy |
| C1-3 | C2-3 | C3-3 | C4-3 | C5-3 | Photo Identity Card or Driver License (certified copy) – If available |
| C1-4 | C2-4 | C3-4 | C4-4 | C5-4 | Police certification from state of origin – If available |
| C1 | C2 | C3 | C4 | C5 | DEPENDENT CHILD(REN) UNDER 18 – PART 2 |
| C1-1 | C2-1 | C3-1 | C4-1 | C5-1 | |
| | | | | | Nomination form – Part 2 |
| C1-2 | C2-2 | C3-2 | C4-2 | C5-2 | Nomination form – Part 2 1 Color photograph – JPEG file |
| C1-2 C1-3 C1-3 | | | | | |

| D1 | D2 | D3 | D4 | D5 | DEPENDENT RESIDENT OVER 18 – PART 1 |
|-----------|----------------|-----------|-----------|-----------|---|
| D1-1 | D2-1 | D3-1 | D4-1 | D5-1 | Nomination form – Part 1 |
| D1-2 | D2-2 | D3-2 | D4-2 | D5-2 | Passport copy (bio page) |
| D1-3 | D2-3 | D3-3 | D4-3 | D5-3 | Photo Identity Card or Driver License (certified copy) |
| D1-4 | D2-4 | D3-4 | D4-4 | D5-4 | Police certification from state of origin – If available |
| D1-5 | D2-5 | D3-5 | D4-5 | D5-5 | Personal profile including education and employment history |
| | | | | | 1 3 |
| D1 | D2 | D3 | D4 | D5 | DEPENDENT RESIDENT OVER 18 – PART 2 |
| D1 | D2 | D3 | D4 | D5 | |
| | | | | | DEPENDENT RESIDENT OVER 18 – PART 2 |
| D1-1 | D2-1 | D3-1 | D4-1 | D5-1 | DEPENDENT RESIDENT OVER 18 – PART 2 Nomination form – Part 2 |
| D1-1 D1-2 | D2-1 D2-2 D2-2 | D3-1 D3-2 | D4-1 D4-2 | D5-1 D5-2 | DEPENDENT RESIDENT OVER 18 – PART 2 Nomination form – Part 2 1 Color photograph |



Nomination form – Principal candidate

[Part 1: FIU Pre-approval form]

PRINCIPAL

| | INCIPAL CANDIDATE'S PER | | | | | | | |
|---|--|-------------|-------------------------------------|--------------------------------|-----------------------|------------------|----------------|---|
| A1. | Candidate's surname: | Ā | A2. Candidate's first (given) name: | | | A3. Ge | nder: | Male |
| | | | | | | | | Female |
| A4. | Place and country of birth: | | A5. Date of birth (dd/mn | n/yyyy) |) | A6. Ma | rital status: | |
| | | | | | | | Unmarried | Married |
| | | | | | | | Divorced | Re-married |
| | | | | | | | Widowed | |
| A7. | Permanent address: | | | A8. (| Current address (if d | differen | from A7): | |
| A9. | Telephone number: | | | A10. | E-mail address: | | | |
| Λ 4 4 | Eviating passagest | Г | A40 Decement : | 0.075 | aauntm <i>u</i> | A40 | Decement Free | iration data. |
| | . Existing passport number: | | A12. Passport issue dat | e and | country: | A13. | Passport Expi | iration date: |
| A14 | . ID card/ driver license number (delet | te as app | ropriate): | A15. | Occupation | | | |
| A16 | I enclose herewith cv / my per | sonal pro | ofile stating my family, ed | ucation | n, background and e | employ | ment history i | n supporting my submission. |
| | MINAL RECORD VERIFICATION | | | | | ı | | |
| A17 | . Police Clearance from State of Origi | in: | A18. Issuing Party: | | | A19. Issue Date: | | |
| | | | | | | | | |
| A 00 | | | | (Must be within past 6 months) | | | st 6 months) | |
| A20 | Police Certificate or Certificate or Certificate or Certificate of sone (1) year during the passing th | similar nat | ture issued in my country | | | | | |
| A21 | I hereby declare that I have the Police Certificate or Cer | | | | | nal offer | nce other thar | n those (if any) listed in |
| FAN | MILY MEMBERS TO BE INCLUDED | IN THE N | NOMINATION | | | | | |
| Plea | ase list all family members who will be | included | d in the nomination and ca | ategor | y. | | | |
| Ν° | Surname (| Given naı | me | | Relationship with | candida | ate | Category** |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 7 | | | | | | | | |
| A22. | ** I confirm that the above pe | rson(s) is | s / are | | | | | per of family member(s) (not including Principal |
| Category: (a) Spouse / (b) Dependent child(/ (c) Dependent resident(s) or dependent pa | | | | w rec | eiving education | | | idate): |
| | l am financially responsible f | or the the | e above mentioned depe | ndent | (s). | | | |
| | | | | | | | Principal ca | ındidate's signature |
| | | | | | | | | |

Nomination form – Principal candidate

[Part 2: Full Document Submission]

PRINCIPAL

| | -APPROVAL | | |
|------------|---|---|----------------|
| A1. FIU | clearance reference number from Vanuatu: | A3. Issue Date: | |
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| | | | |
| | | (Marca II a control of a control of | |
| (Must be | completed after FIU clearance) | (Must be within 1 month) | |
| | | | |
| BIRTH C | CERTIFICATE | | |
| | | | |
| A4. Birth | Certificate Number: | | |
| I h | have attached the English translation of my Birth Certificate (where a | applicable). | |
| | | | |
| | | | |
| MEDICA | L CERTIFICATE | | |
| | | | |
| A5. | I have attached my Medical Certificate | | |
| | | | |
| | | | |
| ASSET I | | | |
| A6. | I have attached my Asset Report. | A7. Amount stated in Asset Report: | |
| | | | |
| A8. | I have attached my Bank Reference (letter showing my creditability) | A9. Name of Primary Banker: | |
| A10 Inco | ome and Asset gained through: | | |
| 7110. 1110 | omo ana 7.000t gamoa amoagm | | |
| | Employment | | |
| | Business | | |
| | Dusiness | | |
| | Investment | | |
| | Eamily | | |
| | Family | | |
| | Other, please explain: | | |
| | | | |
| | | · | |
| A11. | I hereby declare that none of the funds specified in the Asset Re | eport were obtained as the result of any illegal activity, or any | |
| | terrorist activity and that transfer of these funds under this nomin | | |
| | • | , , | |
| A12. | I hereby authorise, without reservation, the Vanuatu Governmer | nt and/or any agents or representatives that the Government | |
| A12. | may appoint to: | it dilator dily agonto or representatives that the Government | |
| | - Verify information about me, my spouse, dependent children a | nd dependent resident included in the nomination. | |
| | - Or retain, to obtain information, including credit reports, police | | any |
| | kind, about me and my family members that the Vanuatu Gover | | • |
| | understand that such information and records may be obtained | from public information, public documents, records of any | |
| | government and other agencies or bodies. - To release any information about me contained in this nominal | tion form and other information obtained by the Vanuatu | |
| | Government of any personal information about me or any of my | | |
| | complete, truthful and accurate and to obtain such other informa | · · · · · · · · · · · · · · · · · · · | ing |
| | whether to grant my citizenship status to me or my family memb | | |
| 1 | forth in the laws of Vanuatu. | | |
| | I hereby authorize any agency, person, body, entity, or party, co | intracted by the Vanuatu Government, to furnish the requests | h , |
| A13. | records, information, or reports about me or my family members | | , u |
| | responsibility or liability from requesting or furnishing said record | | |
| | | | |
| A14. | I have attached my Proof of Current Residential Address (Utility | oill, Bank Letter/Statement etc). | |

| CIONATURE | |
|---|--|
| SIGNATURE | |
| A14. Specimen signature to be used by Principal Candidate: | Witness sign here: |
| Name of Principal Candidate: | Name of witness, his organization and position: |
| | Date: |
| I hereby certify that the information stated in this Nomination Form is true a and documents identified in the check list and any annexes specified therei complete and up to date. I understand that failure of fulfilling the above may and/or any false declaration in this Nomination Form may lead to revocation | in. I confirm that all information and documents provided are true and y lead to the nomination being declined by Vanuatu Citizenship Commissio |
| | Principal candidates sign here: |
| | |
| | *Please sign within the box |
| | Name of Principal Candidate: |
| | Date: |



Vanuatu Investment Migration Bureau

Nomination form - Spouse

[Part 1: FIU Pre-approval form]

SPOUSE

| SPOUSE'S PERSONAL PARTICUI | ARS | | |
|---|---------------------------------|--------------------------|--|
| B1. Spouse's surname: | B2. Spouse's first (given) |) name: | B3. Gender: |
| B1. Opouse's surname. | bz. opodse s ilist (givei) | manie. | Male |
| | | | Famala |
| | | | Female |
| | | | |
| B4. Place and country of birth: | B5. Date of birth (dd/m | nm/yyyy) | B6. Marital status: |
| | | | NA control |
| | | | Married |
| | | | Re-married |
| | | | |
| | | | |
| B7. Permanent address: | <u>.</u> | B8. Current addres | ss (if different from A7): |
| | | | |
| DO Talanhan a namahan | | D40 E mail address | |
| B9. Telephone number: | | B10. E-mail addres | SS: |
| | | | |
| B11. Existing passport number: | B12. Passport issue d | ate and country: | B13. Passport Expiration date: |
| | · | · | |
| B14. ID card/ driver license number (delete as | s appropriate) | B15. Occupation | |
| D14. 1D card/ driver license flumber (delete as | s appropriate) | D13. Occupation | |
| D40 | | | |
| B16. I enclose herewith cv / my person | al profile stating my family, e | ducation, background | and employment history in supporting my submission. |
| CRIMINAL RECORD VERIFICATION | | | |
| B17. Police Clearance from State of Origin: | B18. Issuing Party: | | B19. Issue Date: |
| | | | |
| | | | |
| | | | |
| | | | (Must be within past 6 months) |
| B20. | | | |
| Police Certificate or Certificate | | | d is the certified true copy of the Police |
| | - | try of citizenship and b | y the country of in which I lived more than one |
| (1) year during the past ten (10 |) years. | | |
| B21. I hereby declare that I have nev | ver been convicted of a crime | e or charged with any o | criminal offence other than those (if any) listed in |
| the Police Certificate or Certific | | | , ,, |
| | | | |
| | | | |
| | | | Chausa's signature |
| | | | Spouse's signature |
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*Please sign within the box

Nomination form - Spouse

SPOUSE

[Part 2: Full Document Submission]

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|--|---|
| FIU PRE-APPROVAL | |
| B1. FIU clearance reference number from Vanuatu: | B3. Issue Date: |
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| | |
| /h | (Must be within 1 month) |
| (Must be completed after FIU clearance) | (Must be within 1 month) |
| | |
| BIRTH CERTIFICATE | MEDICAL CETIFICATE |
| BIKTH OLKTINOATE | MEDIOAE CETHICATE |
| B4. Birth Certificate Number: | B5. I have attached my Medical Certificate |
| Bit Bitti Columbate Humbon. | · |
| I have attached the English translation of my Birth Certificate | |
| (where applicable) | |
| | |
| | |
| MARRIAGE CERTIFICATE | |
| | |
| B6. I have attached my Marriage Certificate (Certified English transla | tion where applicable) |
| | |
| | |
| | |
| SIGNATURE | |
| B7. Specimen signature to be used by Spouse: | Witness sign here: |
| | |
| | |
| | |
| | |
| | |
| - | |
| Name of Spouse: | |
| Name of Spouse. | |
| | Niema of other and the second of the second |
| | Name of witness, his organization and position: |
| | |
| | |
| | |
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| | |
| | |
| | |
| | Date: |
| | |
| hereby certify that the information stated in this Nomination Form is true an | |
| documents identified in the check list and any annexes specified therein. I co | |
| | e nomination being declined by Vanuatu Citizenship Commission and/or any |
| false declaration in this Nomination Form may lead to revocation of my citize | enship subsequently. |
| | Spouse sign here: |
| | Opouse sign fiere. |
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| | |
| | Please sign within the box |
| | i loade digit withill the box |
| | Name of Spouse: |
| | 5. 5-5-5-6 |
| | |
| | |
| | |

Date:



Nomination form - Dependent child

[Part 1: FIU Pre-approval form]

CHILD

| DEPENDANT CHILD'S PERSONAL PARTICULARS | | | | | | | |
|--|--|---|-------------------------|---------|--|--|--|
| C1. Surname: | C2. First (given) name: | | C3. Gender: | Male | | | |
| | | | | waie | | | |
| | | | | Female | | | |
| | | | | | | | |
| C4. Place and country of birth: | C5. Date of birth (dd/mn | n/yyyy) | C6. Marital status: | | | | |
| | | | | | | | |
| | | | Unmarı | rind | | | |
| | | | Offilial | lieu | | | |
| | | | | | | | |
| C7. Permanent address: | | C8. Current address (if different from A7): | | | | | |
| | | | | | | | |
| C9 Telephone number | | C10 F-mail address: | | | | | |
| Go. Telephone hamber. | | C10. L-mail address. | | | | | |
| | | | T | | | | |
| C11. Existing passport number (If available): | C12. Passport issue dat | e and country: | C13. Passport Expiratio | n date: | | | |
| | | | | | | | |
| C14. ID card/ driver license number (If available | C15. Occupation - or not applicable (N/A): | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| C9. Telephone number: C11. Existing passport number (If available): C14. ID card/ driver license number (If available) | | C13. Passport Expiratio ot applicable (N/A): | n date: | | | | |

| ependent | child (| above | 12 yea | rs old) o | r parents |
|----------|----------|------------------|-----------------------|------------------------------|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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| | ependent | ependent child (| ependent child (above | ependent child (above 12 yea | ependent child (above 12 years old) o |

Name of dependent child *Please sign within the box

Nomination form – Dependent children

[Part 2: Full document Submission]

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| FIU PRE-APPROVAL | |
|---|--|
| C1. FIU clearance reference number from Vanuatu: | C3. Issue Date: |
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| | |
| (Must be completed after FIU clearance) | (Must be within 1 month) |
| | |
| DIDTU CEDTIEICATE | MEDICAL CETIFICATE |
| BIRTH CERTIFICATE | MEDICAL CETIFICATE |
| C4. Birth Certificate Number: | C5. I have attached my Medical Certificate |
| | , i |
| I have attached the English translation of my Birth Certificate | |
| (where applicable) | |
| | |
| SIGNATURE | |
| C6. Specimen signature to be used by dependent child above 12 years | |
| old: | Witness sign here: |
| | |
| | |
| | |
| | |
| | |
| Name of Dependent child: | |
| Name of Dependent office. | |
| | |
| | Name of witness, his organization and position: |
| | |
| | |
| Remarks: is under age 18. The relevant forms | |
| | |
| are completed and signed by the Principal | |
| Candidate: who is the mother/father of: | |
| | Date: |
| | |
| | |
| I hereby certify that the information stated in this Nomination Form is true ar | d accurate and confirm that I have read and understood all sections and |
| documents identified in the check list and any annexes specified therein. I c | |
| | e nomination being declined by Vanuatu Citizenship Commission and/or any |
| false declaration in this Nomination Form may lead to revocation of my citize | enship subsequently. |
| | B 1 4 1 11 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | Dependent child (above 12 years) or parent: |
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| | |
| | *Please sign within the box |
| | |
| | Name of dependent child: |
| | |
| | |
| | |
| | Date: |



Nomination form – Dependent resident

[Part 1: FIU Pre-approval form]

AGE 18
PLUS

| DEPENDENT RESIDENT'S PERSON | AL PARTICULARS | | | |
|---|--------------------------|---|---|--|
| D1. Surname: | D2. First (given) name: | | D3. Gender: Male | |
| | | | Female | |
| D4. Place and country of birth: | D5. Date of birth (dd/mn | n/yyyy) | D6. Marital status: | |
| | | | Unmarried | |
| | | | Married | |
| D7. Permanent address: | | D8. Current address (if different from A7): | | |
| D9. Telephone number: | | D10. E-mail address: | | |
| D11. Existing passport number: | D12. Passport issue dat | e and country: | D13. Passport Expiration date: | |
| D14. ID card/ driver license number (delete as appropriate): | | D15. Occupation | | |
| CRIMINAL RECORD VERIFICATION | | | | |
| D16. Police Clearance from State of Origin: | D17. Issuing Party: | | D18. Issue Date: | |
| | | | (Must be within past 6 months) | |
| Police Certificate or Certificate of No Criminal Records must be provided. Attached is the certified true copy of the Police Certificate or Certificate of similar nature issued in my country of citizenship and by the country of in which I lived more than one (1) year during the past ten (10) years. | | | | |
| I hereby declare that I have never been convicted of a crime or charged with any criminal offence other than those (if any) listed the Police Certificate or Certificate of similar nature attached to this form. | | | nal offence other than those (if any) listed in | |
| | | | | |

| Dependent resident's signature | | | |
|--------------------------------|--|--|--|
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*Please sign within the box

Nomination Form – Dependent resident

[Part 2: Full Document Submission]

| FIU PRE-APPROVAL | | | | |
|--|----------------------------|--|--|--|
| D1. FIU clearance reference number from Vanuatu: | | D3. Issue Date: | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| (Must be completed after FIU clearance) | | (Must be within 1 | month) | |
| | | | | |
| BIRTH CERTIFICATE | | MEDICAL CETIF | FICATE | |
| | | | | |
| D4. Birth Certificate Number: | | D5. I have attached my Medical Certificate | | |
| I have attached the English translation of | my Rirth Certificate | | | |
| (where applicable). | my Birti Ocitiloate | | | |
| | | | | |
| | | | | |
| FULL TIME EDUCATION CERTIFICATE | | | | |
| D6. Transcript or education proof issuing | D7. Issue Date: | | D8. Curriculum attending: | |
| college (if available): | | | | |
| | | | | |
| | | | | |
| | | | | |
| SIGNATURE | | | | |
| D7. Specimen signature to be used by Depender | nt resident: | Witness sign here: | | |
| | | Withess sign her | е. | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Name of Dance dead Davidson | | | | |
| Name of Dependent Resident: | | | | |
| | | Name of witness, | , his organization and position: | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | Date: | | |
| I hereby certify that the information stated in this N | lomination Form is true ar | d accurate and cor | nfirm that I have read and understood all sections and | |
| | | | mation and documents provided are true and complete | |
| and up to date. I understand that failure of fulfilling the above may lead to the nomination being declined by Vanuatu Citizenship Commission and/or any | | | | |
| false declaration in this Nomination Form may lead to revocation of my citizenship subsequently. | | | | |
| | | | | |
| Dependent resident sign here: | | | Dependent resident sign here: | |
| Name of Dependent resident: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Date: | | | | |
| | | | | |
| | | | | |

*Please sign within the box