Application form for Residence Permit

APPLICATION FOR RESIDENCE PERMIT

(RETIRED NON-CITIZEN)

[Section 9B of the Immigration Act)]

(Please read the attached guidelines carefully BEFORE filling this form)

BOI Registration Number: ……

SECTION 1 - PERSONAL DETAILS OF RETIRED NON-CITIZEN (THE APPLICANT)

1.1 Surname			
1.2 Given Names			
1.3 Maiden Name(If any)			
1.4 Any Previous Name			
1.5 Gender Male ☐ Female ☐	1.6 Marital Status	Single ☐ Married ☐ Divorced ☐ Other ……	
1.7 Date Of Birth ☐☐ ☐☐ ☐☐☐☐ Day Month Year		1.8 Country of Birth	
1.9 Present Nationality: Date acquired: ☐☐ ☐☐ ☐☐☐☐ Day Month Year		1.10 Any other nationality held: Date acquired: ☐☐ ☐☐ ☐☐☐☐ Day Month Year	
1.11 Have you ever renounced any nationality? Yes ☐ No ☐ If yes, state which one and why?			

1.12 Passport No	☐☐☐☐☐☐☐☐☐	1.13 Issuing Country	
1.14 Date of Issue ☐☐ ☐☐ ☐☐☐☐ Day Month Year		1.15 Date of expiry ☐☐ ☐☐ ☐☐☐☐ Day Month Year	
1.16 If you have any other residence permit of any other country, please give details: Country: 1. ……2. ……			
1.17(1) Date of issue ☐☐ ☐☐ ☐☐☐☐ Day Month Year		1.18 (1) Date of expiry ☐☐ ☐☐ ☐☐☐☐ Day Month Year	
1.17(2) Date of issue ☐☐ ☐☐ ☐☐☐☐ Day Month Year		1.18 (2) Date of expiry ☐☐ ☐☐ ☐☐☐☐ Day Month Year	
1.19 Residential Address in your country of origin Tel No:		Fax No:	

1.20 Address of last place of residence, if different from above

Tel No: Fax No:

1.21 Do you hold the right of re-entry into your:

(a) country of origin? Yes ☐ No ☐ Date of expiry of right: ☐☐ ☐☐ ☐☐☐☐ Day Month Year

(b) last place of residence? Yes ☐ No ☐ Date of expiry of right: ☐☐ ☐☐ ☐☐☐☐ Day Month Year

1.22 If No to any of the above, please give details:

1.23 Residential address in Mauritius

Tel No:☐☐☐☐☐☐☐ Fax No:☐☐☐☐☐☐☐ Mobile No: ☐☐☐☐☐☐☐

Email Address:

SECTION 2 - SECURITY/HEALTH QUESTIONS *(please tick as appropriate)*

2.1 Have you or your spouse ever been convicted of any crime in any country?	Yes ☐	No ☐
2.2 Is a criminal/civil case pending against you in any country?	Yes ☐	No ☐
2.3 Are you or your spouse suffering from any infectious or contagious disease?	Yes ☐	No ☐

If the reply to any of the above questions is **Yes**, please give full details below, attaching relevant documents if any

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……..

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……

Section 3 - DECLARATION

I declare that all the information given in this application form as well as in the attached documents is true and correct.

I / We understand that making a false statement is a serious offence and may lead to prosecution and cancellation of a Residence Permit.

Signature of applicant: ……..

Date: ☐☐ ☐☐ ☐☐☐☐ Day Month Year

***Data Protection**: All personal details are processed in a confidential manner and in accordance with the Data Protection Act.*
All information supplied by you in this form and any subsequent information which may be provided by you at a later stage, may be shared by other government departments or authorities for the processing of the application. *Agree/Disagree*

UNDERTAKING

TO BE FILLED AND SIGNED BY THE APPLICANT

This is to certify that I, Mr /Mrs / Miss……..……
(NAME OF APPLICANT)
of …… nationality has applied for an Occupation Permit as Investor / Professional / Self Employed or Residence Permit as Retired Non-Citizen (DELETE AS APPROPRIATE).

I / My company (DELETE AS APPROPRIATE) undertake (s) to meet any expense or charge likely to be incurred for my maintenance, support or repatriation to my country of origin or residence.

I / My company undertake (s) (DELETE AS APPROPRIATE) to meet any expense or charge likely to be incurred for the maintenance and/or support of my dependents and their repatriation to their country of origin or residence.

Name in full: ……..

Tel No: ……..

Mobile Number: ……

Fax No: ……..……..

Email: …….

Date: ……..

Signature: ……..

Application to Enter Mauritius form

026857

To submit two photos

A soumettre deux photos

REPUBLIC OF MAURITIUS

APPLICATION TO ENTER MAURITIUS

DEMANDE D'ENTREE A MAURICE

(IMMIGRATION REGULATIONS 1973 – FIRST SCHEDULE - REGULATION 3)

Write in capital letters, using blue or black ink only / *Ecrivez en lettres majuscules, à l'encre bleue ou noire seulement.*

Title (Mr. / Mrs. / Miss) *Titre (M. / Mme / Mlle)*		Reference number (For official use) *Numéro de référence (Pour usage officiel)*	
Surname *Nom de famille*			
First name (s) *Prénom (s)*			
Maiden name *Nom de jeune fille*			
Country of birth *Pays de naissance*		Date of birth *Date de naissance*	D / M / M / Y / Y
Nationality *Nationalité*		Profession *Profession*	
Permanent address *Adresse permanente*			
☎ Tel.		Fax / Email	
Passport number *Numéro de passeport*		Date of issue *Date de délivrance*	D / M / M / Y / Y
Country of issue *Pays de délivrance*		Date of expiry *Date d'expiration*	D / M / M / Y / Y
Purpose of application *Motif de la demande*		Duration of stay *Durée du séjour*	
Intended place of residence in Mauritius *Lieu de résidence à Maurice*			
		☎ Tel.	

Particulars of accompanying dependents (if any) / *Détails des personnes accompagnant le demandeur*

1	Name(s) *Nom(s)*		Relationship *Lien de parenté*	
	Nationality *Nationalité*		Date of birth *Date de naissance*	D / M / M / Y / Y
2	Name(s) *Nom(s)*		Relationship *Lien de parenté*	
	Nationality *Nationalité*		Date of birth *Date de naissance*	D / M / M / Y / Y
3	Name(s) *Nom(s)*		Relationship *Lien de parenté*	
	Nationality *Nationalité*		Date of birth *Date de naissance*	D / M / M / Y / Y
4	Name(s) *Nom(s)*		Relationship *Lien de parenté*	
	Nationality *Nationalité*		Date of birth *Date de naissance*	D / M / M / Y / Y
5	Name(s) *Nom(s)*		Relationship *Lien de parenté*	
	Nationality *Nationalité*		Date of birth *Date de naissance*	D / M / M / Y / Y

Financial means for your upkeep during your stay *Moyens financiers couvrant vos dépenses durant votre séjour*		Indicate currency *Indiquez la devise*	

Particulars of a local sponsor/referee / *Détails d'une personne vivant à Maurice pouvant fournir des renseignements sur le demandeur*

Name(s) *Nom(s)*			
Address *Adresse*		☎ Tel.	

DECLARATION

I declare that all the information I have given is true and complete. I understand that I shall commit an offence if I knowingly give false information.

Je déclare qu'à ma connaissance toutes les informations fournies sont exactes et complètes. Je suis conscient que toute fausse déclaration de ma part pourrait entraîner des poursuites pénales.

Date	D / M / M / Y / Y	Signature	