



Consulate General of the Republic of Trinidad and Tobago

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VERIFICATION OF IDENTITY OF APPLICANT

Address of Recommender (including Apt/Floor No.):

Telephone: _____

Official Use Only

TO THE OFFICER IN CHARGE:

My Name is _____
(RECOMMENDER'S NAME - BLOCK LETTERS)

My Identification is _____ Number _____
(STATE TYPE OF ID) (STATE ID NUMBER)

I hereby certify this person - _____
(STATE NAME OF APPLICANT - BLOCK LETTERS)

whose date of birth is the _____ day of _____, _____
(DAY) (MONTH) (YEAR)

was born in _____
(STATE CITY AND COUNTRY)

and he/she is my _____
(STATE RELATIONSHIP)

I have known _____ for _____ years.
(NAME OF APPLICANT) (NO. OF YEARS)

SIGNATURE OF RECOMMENDER

DATE

- NB:** 1. This letter **and** a coloured copy of the recommender's ID must be **NOTARIZED** and submitted with the application **or**;
2. The form/coloured copy of ID can be **NOTARIZED** before the Immigration Officer, if **both** applicant and recommender are present at the time of interview.