

## Consulate General of the Republic of Trinidad and Tobago

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## **VERIFICATION OF IDENTITY OF APPLICANT**

Address of Recommender	(in aludina Ant/Elaan Na )*		Official Use Only
Address of Recommender	(mciuaing Apt/Fioor No.).		
Геlephone:			
1			
TO THE OFFICER IN	CHARGE:		
My Name is			
My Name is	(RECOMMENDER'S NA	ME - BLOCK LETTERS)	·
My Idantification is		NI1	
My Identification is	(STATE TYPE OF ID)	Number (STA)	TE ID NUMBER)
hereby certify this person	- (STATE NA	AME OF APPLICANT - BLOCK LET	TERS)
whose date of birth is the _	day of	(MONTH)	(YEAR)
whose date of birth is the _	day of	(MONTH)	(YEAR)
whose date of birth is the _	day of	(MONTH)	(YEAR)
whose date of birth is the _ was born in	day of(DAY)  (STATE CITY AND COUNTRY	(MONTH)	(YEAR)
whose date of birth is the _ was born in	day of(DAY)  (STATE CITY AND COUNTRY	(MONTH)	(YEAR)
I hereby certify this person whose date of birth is the _ was born in and he/she is my I have known	day of(DAY)  (STATE CITY AND COUNTRY (STATE RELATED	(MONTH)	

**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.