

#### EMBASSY OF THE REPUBLIC OF TRINIDAD AND TOBAGO

Tel.: +32(0)2 762 9400 +32(0)2 762 9415 Fax: +32(0)2 772 2783 E-mail: info@embtrinbago.be / infobrussels@foreign.gov.tt Avenue de la Faisanderie 14 B-1150 Brussels Belgium

## NATIONALS OF THE REPUBLIC OF TRINIDAD AND TOBAGO REGISTRATION FORM

Nationals of the Republic of Trinidad and Tobago who are resident or are expected to be resident in the countries which fall within the purview of the Embassy of the Republic of Trinidad and Tobago in Brussels, Belgium are invited to register with the Embassy. These countries are: Belgium, France, Holy See (Vatican), Luxembourg, The Netherlands, Spain and Switzerland. Nationals are also encouraged to advise the Embassy of any subsequent changes to the information provided on this Registration Form.

# (PLEASE PLACE FULL NAME AS APPEARING IN YOUR PASSPORT/BIRTH CERTIFICATE)

**SURNAME:** 

FIRST NAME(S):

MISS/MS/MRS/MR:

### **MARITAL STATUS:**

### MAIDEN NAME:

**PASSPORT NO.:** (The provision of a copy of the bio-data page of the passport would be helpful)

### **DATE OF ISSUE:**

#### **PLACE OF ISSUE:**

**CITIZEN OF TRINIDAD AND TOBAGO BY:** (Birth/Descent/Naturalization/Registration)

#### **OTHER NATIONALITY (if any):**

### **OTHER IDENTIFICATION:**

### **DATE OF BIRTH:**

**PLACE OF BIRTH:** 



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**PROFESSION/OCCUPATION (if any):** 

ADDRESS ABROAD:

ADDRESS IN TRINIDAD AND TOBAGO:

**TELEPHONE NUMBERS ABROAD:** 

**EMAIL ADDRESS:** 

**NAME OF NEXT OF KIN:** (to be notified in case of emergency)

**RELATIONSHIP OF NEXT OF KIN TO YOU:** 

**ADDRESS OF NEXT OF KIN:** 

**TELEPHONE NUMBER OF NEXT OF KIN:** 

WOULD YOU WISH TO PROMOTE THE INTERESTS OF TRIIDAD AND TOBAGO AND ITS NATIONALS, INCLUDING IN EUROPE? Please indicate "YES" or "NO"

# AREAS IN WHICH YOU MAY WISH TO SERVE THE INTERESTS OF TRINIDAD AND TOBAGO AND ITS NATIONALS:

(Please indicate "YES", where appropriate)

- EDUCATION AND TRAINING:
- IMMIGRATION, CONSULAR AND STUDENT AFFAIRS:
- SOCIAL AFFAIRS:
- **COMMUNITY DEVELOPMENT:**
- TRADE AND INVESTMENT:
- CULTURE:
- HEALTH:
- **OTHER(S):** (Please specify)

**SIGNATURE:**