

**DOCUMENTS REQUIRED FOR APPLICANTS UNDER THE RIGHT OF ESTABLISHMENT**

**ORIGINAL DOCUMENTS AND TWELVE (12) COPIES OF THE FOLLOWING ARE REQUIRED:**

- Valid Passport (copy of Bio date and page with immigration stamp for all Directors/Partners, Spouses and Dependents)
  - Business Plan or Project Proposal for a new Enterprise
  - Business Registration/Certificate of Incorporation
  - Board of Inland Revenue Registration
  - Tax receipts as evidence that all taxes have been paid
  - V.A.T Registration (if applicable)
  - Bank Statements/Evidence of Financial Resources
  - The Business must be more than 50% owned by a CARICOM National
- Evidence of this required and can be done by either
- (a) Statutory Declaration
  - (b) Special Resolution's registered with the Register General's Department
- Proof of qualifications (certificates, references, resumes etc)
  - Formal Lease/Rental Agreement for Business Premises
  - Deed for property to show ownership (both residential and commercial)
  - Letter from Landlord granting permission to the tenant for the operation of the Business
  - References and/or landlord must provide contact information : Name, Address, telephone number, email and photo I.D. showing signature
  - Current contracts as well as list of previous clients with contact information
  - Food badge for persons operating restaurants
  - Licenses to operate (if applicable)
  - Last Rent Receipt
  - Birth Certificate
  - Marriage Certificate, Divorce Decree (where applicable)
  - Birth Certificate of Spouse and Dependents
  - Any change of Name Documents (Affidavits, Deed Polls) where applicable
  - Police Certificate of Character for all Partners/Directors and Spouses from Home Country and from any other country where they have resided for more than three (3) months. All Police Certificates of Character must be less than six (6) months old
  - Three identical passport sized photos
  - Previous letter(s) of approval under the right of establishment (if applicable)



# Ministry of Foreign and CARICOM Affairs

Republic of Trinidad and Tobago

St. Clair Circle,

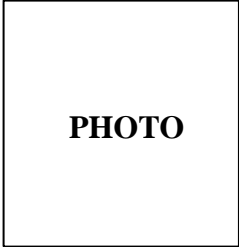
St. Clair

Port of Spain

Phone: (868) 623-6894 Fax: 623-2170

E-mail: [caricom@foreign.gov.tt](mailto:caricom@foreign.gov.tt)

Website: <http://www.foreign.gov.tt>



(October, 2020)

### WARNING TO ALL APPLICANTS:

Any such person who makes a written or oral statement knowingly to be false or misleading is guilty of an offence and is liable to a fine and imprisonment.

NOTE: Incomplete Applications will not be acknowledged

### APPLICATION FOR CARICOM NATIONALS EXERCISING THE RIGHT OF ESTABLISHMENT

Name of Business/Company \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email address \_\_\_\_\_

Type of Business (e.g. Sole Trader, Limited Liability Company etc)

\_\_\_\_\_

\_\_\_\_\_

Core Business Activities of the Company \_\_\_\_\_

\_\_\_\_\_

Date of Registration /Incorporation of Business/Company ( \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ )

DD

MM

YY

Certificate of Registration / Incorporation Number \_\_\_\_\_

Board of Inland Revenue (BIR) Number \_\_\_\_\_

V. A.T Registration Number \_\_\_\_\_

Number of Partners/ Directors \_\_\_\_\_

**Personal Information of Directors**

(Additional pages would be necessary if there is more than one Director)

Name \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Nationality \_\_\_\_\_ Marital Status \_\_\_\_\_

Passport Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Place and Date of Issue \_\_\_\_\_

Expiry Date of Trinidad and Tobago Immigration Stamp \_\_\_\_\_

Address (in home country)

\_\_\_\_\_  
\_\_\_\_\_

Address (in T&T)

\_\_\_\_\_  
\_\_\_\_\_

Number of years/months living in Trinidad and Tobago \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email address \_\_\_\_\_

BIR Number \_\_\_\_\_ NIS Number \_\_\_\_\_

**Qualifications:**

| Qualification (Degree, Diploma, Certificates etc) | Institution (Name and Address) | Date of Award |
|---|--------------------------------|---------------|
|   |                                |               |
|   |                                |               |
|   |                                |               |
|   |                                |               |
|   |                                |               |

**Employment History over the last ten (10) years [Start with the most recent]:**

| <b>Name of Employer</b> | <b>Employer's Address</b> | <b>Position Held</b> | <b>Duration of Employment</b> | <b>Reason for Termination</b> |
|-------------------------|---------------------------|----------------------|-------------------------------|-------------------------------|
|                         |                           |                      |                               |                               |
|                         |                           |                      |                               |                               |
|                         |                           |                      |                               |                               |
|                         |                           |                      |                               |                               |
|                         |                           |                      |                               |                               |

**Dependents (Including Spouse)**

| <b>Name of Dependent</b> | <b>Relationship to Applicant</b> | <b>Date of Birth</b> | <b>Passport Number</b> | <b>Expiry Date</b> | <b>Expiry Date of Trinidad and Tobago Immigration Stamp</b> |
|--------------------------|----------------------------------|----------------------|------------------------|--------------------|---|
|                          |                                  |                      |                        |                    |   |
|                          |                                  |                      |                        |                    |   |
|                          |                                  |                      |                        |                    |   |
|                          |                                  |                      |                        |                    |   |
|                          |                                  |                      |                        |                    |   |
|                          |                                  |                      |                        |                    |   |

**Have any of the above mentioned persons, their spouses or dependents ever been deported or required to leave this country or any other country?**

Yes ( )                  No ( )

**If yes, please explain**

---

---

---

**Have you ever applied for Permanent Residency in Trinidad and Tobago?**

Yes ( )                  No ( )

**If yes, please indicate date of application and outcome**

---

**I, the Undersigned, do solemnly declare that all statements made in this application are true.**

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

**OFFICIAL REMARKS**

|                                      |
|--------------------------------------|
| <br><br><br><br><br><br><br><br><br> |
|--------------------------------------|

