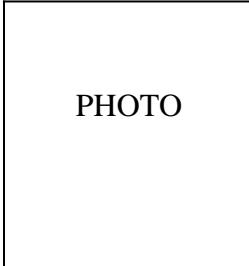


## **DOCUMENTS REQUIRED WHEN APPLYING FOR A SERVICE PROVIDER**

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

- Valid Passport ( Copy of bio date page for service provider, spouse and dependents)
- Letter of Introduction Stating
  - a) Particulars of service provider
  - b) Nature of service to be provided
  - c) Duration of contract
  - d) Value of contract
  - e) Place for performance of contract
- Contract for Service
- Proof that the Service Provider is Self Employed in his/her own Country (Business Registration/Incorporation, references etc.)
- Certificate of Registration as a CARICOM Service Provider
- At least three (3) References indicating duties and functions  
**References must provide contact information: Name, Address, Telephone Number, E-mail and photo ID showing signature**
- Proof of Qualifications/Experience in the specified discipline (Certificates, References, Resumes, CVQ, etc.)
- Birth Certificate
- Marriage Certificate, Divorce Decree (where applicable)
- Birth Certificate and passport of Spouses and Dependents
- Any Change of Name Documents (Affidavits, deed polls, etc.) where applicable
- Police Certificate from Home Country for Service Provider and spouse and from any other country where they have resided for more than three (3) months. Police Certificates of Character must be less than six (6) months old
- Three identical passport sized photos
- Previous letters of approval as Service Provider (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 /285-5029 Fax:623-2170

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

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

(November, 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.

Please note that the applicant is the person or company engaging the services of the Service Provider.

**The Service Provider is not the applicant.**

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACKNOWLEDGED**

## APPLICATION FOR PERSONS EXERCISING THE RIGHT TO PROVIDE A SERVICE

Name of Service Provider: \_\_\_\_\_

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: \_\_\_\_\_

Nature of Service to be provided (brief description): \_\_\_\_\_

Position to be held: \_\_\_\_\_

### Qualifications:

Qualification (Degree, Diploma, Certificate etc.)	Institution (Name and address)	Date of Award

**Evidence of Service Provider’s employment over the last ten (10) years [Start with most recent]**

<u>Name of Employer</u>	<u>Employer’s Address</u>	<u>Position Held by Service Provider</u>	<u>Duration of Employment</u>	<u>Reason for Termination</u>

**Date of arrival/intended arrival in T&T (in relation to current application)**

\_\_\_\_\_

**Service Provider's Address in Home Country:** \_\_\_\_\_

\_\_\_\_\_

**Service Provider's Intended Address in Trinidad and Tobago** \_\_\_\_\_

\_\_\_\_\_

**Dependents (including Spouse):**

<u>NAME OF DEPENDENT</u>	<u>RELATIONSHIP TO SERVICE PROVIDER</u>	<u>DATE OF BIRTH</u>	<u>PASSPORT NO:</u>	<u>EXPIRY DATE</u>

**Start Date of Contract for Service** \_\_\_\_\_

**End date of Contract for Service** \_\_\_\_\_

**Nature of Service to be provided (please tick as appropriate)**

ongoing/permanent  temporary/short term If

temporary, when is the service expected to be complete?

\_\_\_\_\_

**Intended Venue for Performance of Contract** \_\_\_\_\_

\_\_\_\_\_

**Value of Contract** \_\_\_\_\_

**Method of Payment (lump sum, installments etc)** \_\_\_\_\_

**Information on Applicant: (FOR INDIVIDUALS ENGAGING THE SERVICES OF SERVICE PROVIDER)**

Name of Applicant: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

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

Place of Issue: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Applicant's Place of Employment:**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Information on Applicant: (FOR COMPANIES ENGAGING THE SERVICES OF SERVICE PROVIDER)**

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

Core Business Activities of Company: \_\_\_\_\_

Business Registration/ Incorporation Number: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Company Stamp or Seal:

**Has the Service Provider, or any of the above mentioned persons ever been deported or required to leave this or any country?**

Yes ( )                      No ( )

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has the Service Provider 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  
(Person engaging the services of the  
Service Provider)**

**OFFICIAL REMARKS**

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