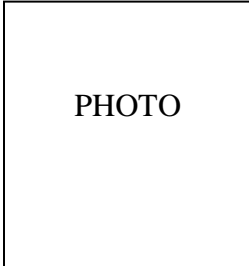


DOCUMENTS REQUIRED WHEN APPLYING FOR A SERVICE PROVIDER

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 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

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:

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

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: _____

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

