

## FORM 1

### FALKLAND ISLANDS IMMIGRATION ORDINANCE 1999

# APPLICATION FOR A RESIDENCE PERMIT Guidance Notes

**Any material mis-statement in this form may render you liable to prosecution in the Falkland Islands. It could also mean that any permit issued will be cancelled and that you will be deported.**

**A Residence Permit entitles the holder and any dependants to reside in the Falkland Islands, however it does not grant the holder permission to undertake employment unless a Work Permit or Temporary Work Permission has first been obtained. It is an offence to take employment, or engage in any trade, business, profession or vocation without having first obtained a Work Permit or a Temporary Work Permission.**

**Please pay particular attention to the section requiring the declaration of criminal offences and to the Declaration and Authorisation at the end of the form.**

**Please complete this form clearly in black ink in BLOCK CAPITALS, and write your name and the date at the top of each page. You are required to answer all the questions on this form. If any question is not applicable to your circumstances please insert "N/A" in the space provided for an answer.**

A Residence Permit may not be issued so as to be valid for a period greater than three years. A Residence Permit may not without the consent of the Governor be granted to a person who is present in the Falkland Islands. A Residence Permit may be renewed by presenting an application to the Immigration Officer.

Members of your family who will be living with you in the Falkland Islands should be included in this application. However, should they wish to take employment they will need to obtain Work Permits or Temporary Work Permissions.

You will need to prove that you are able to support yourself and any dependants whilst in the Falkland Islands. In support of your answers to the questions about "Means of Support" on page 3, you may wish to endorse copies of bank statements or other similar documents.

You are required to produce with this application Police Vetting Certificates, not more than three months old, for yourself and all dependants included in this application. If you cannot produce Police Vetting Certificates at the time of application you must produce evidence that such certificates have been requested.

You, and any dependants included in this application, are required to complete Falkland Islands Government Medical and X-Ray Forms and submit them with this application. Medical forms must be not more than three months old at time of lodgement.

If you are likely during the period your application is under consideration to need any of the documents you are required to enclose, you may wish to send photocopies instead. But you may still be asked to produce the originals for inspection at a later date.

Every effort will be made to deal with your application quickly, but you should understand that if enquiries have to be made, or if further information is required from you, your application may take some weeks to deal with.

Once completed please return your application together with the fee and supporting documents to -

Immigration Officer  
Customs and Immigration Department  
Byron House  
Stanley  
Falkland Islands FIQQ 1ZZ  
Tel. (500) 27340; Fax. (500) 27342

Enquiries regarding this application form, or any other immigration matters, may be made to the Immigration Officer, Stanley, by e-mail to [admin@customs.gov.fk](mailto:admin@customs.gov.fk), or by telephoning or faxing the numbers listed above for the Immigration Officer.

Name: Initials  Surname  Date

### FORM 1

A FEE OF £23.00 IS  
PAYABLE WITH THIS

Receipt No	
Receipt Date	
Issued	
Period of Validity	
Officer's Initials	

## FALKLAND ISLANDS IMMIGRATION ORDINANCE 1999

# APPLICATION FOR A RESIDENCE PERMIT

What is the main purpose of your stay in the Falkland Islands?

How long do you intend to stay in the Falkland Islands?

Intended date of arrival

Surname/s

Mr  Mrs  Miss  Other (please specify)

Forenames

Any former names

(Married women and divorced or widowed women should state here their maiden surname and any former surname)

Marital Status

Date of birth  Place of birth  Country of birth

Country of citizenship

Other citizenships currently, or previously, held

Passport number  Country of issue  Date of expiry

Current address  
(inc phone/fax/  
e-mail details)

Permanent address  
(if different from above)

Intended address in the Falkland Islands  
(including P.O. box number, if known)

State the owner of that property in the Falkland Islands

If rented, please state the length of tenancy

**OR** have you already made arrangements to buy, or build a house, and, if so

In the case of building, please state where

In the case of purchase, please state from whom

**N.B.** A licence to purchase land/property is required by all persons who do not hold a Permanent Residence Permit or Falkland Islands Status

Name: Initials  Surname  Date

## FORM 1

### **Means of Support in the Falkland Islands**

Please state your usual occupation

Please state how you will be supported in the Falkland Islands

  

Are you intending to take employment in the Falkland Islands?

YES  NO

If YES, have you already been offered employment in the Islands?

If so, who is this with, when do you wish to take up the employment and for how long will the employment last?

  

*(Continue on a separate sheet if necessary endorsed "Continued from Form 1, Page 3" and signed by yourself)*

---

---

### **Dependants**

Do you intend to bring members of your family with you or to have them join you later in the Falkland Islands?

YES  NO

If "YES" give particulars below: (Spouse first, then other members of your family in order of age)

a) Name  Date of birth   
Country of citizenship  Passport number   
Relationship to you

*(You should forward your marriage certificate if your spouse is included)*

b) Name:  Date of birth   
Country of citizenship  Passport number   
Relationship to you

c) Name  Date of birth   
Country of citizenship  Passport number   
Relationship to you

d) Name  Date of birth   
Country of citizenship  Passport number   
Relationship to you

*(Continue on a separate sheet if necessary endorsed "Continued from Form 1, Page 3" and signed by yourself)*

Name: Initials  Surname  Date

## FORM 1

Have you or any dependants included in this application ever been refused a permit for the Falkland Islands, or had any such permit revoked? YES  NO

If "YES", please give details


Do any dependants included in this application now possess, or have ever possessed, citizenship of any country other than that declared above? YES  NO

If "YES", please state which

and whether still held or not, or if no longer held, how it was lost


Have you, or anyone included in this application, ever been deported from any country? YES  NO

If "YES", please state which, and the circumstances leading to deportation


Have you, or any person included in this application, ever suffered from any dangerous contagious disease, or mental illness? YES  NO

If "YES", please give details


Do you, or any person included in this application, require special medical or educational provision? YES  NO

If "YES", please give details


Are you currently in possession of a medical insurance policy – including aeromedical evacuation cover – for yourself or anyone included in this application? YES  NO

If "YES", please attach a copy of the policy

NOW PLEASE COMPLETE THE DECLARATIONS ON PAGES 5 AND 6

Name: Initials  Surname  Date

## FORM 1

### DECLARATION BY APPLICANT FOR A RESIDENCE PERMIT

HAVE YOU OR ANY DEPENDANT (EXCLUDING SPOUSE) INCLUDED IN THIS APPLICATION **EVER** BEEN CONVICTED OF **ANY** CRIMINAL OFFENCE? YES  NO

If "YES" please list (in date order) the offences, the court, and the sentence (punishment) imposed

Date	Offence	Court	Sentence

**For the purposes of Falkland Islands immigration procedures you must declare all criminal offences, whether or not they are considered to be spent by the laws of the country in which you were convicted.** (Note: You do not have to declare driving offences unless either (i) you were disqualified from driving, or (ii) you were imprisoned as a result of your conviction.) The declaration of criminal offences will not necessarily mean that your application will be refused, but it is a requirement that they be taken into consideration. (Continue on a separate sheet if necessary endorsed "Continued from Form 1, Page 5" and signed by yourself)

Please note that your spouse is required to complete a separate declaration (page 6), and that any failure to declare criminal offences, or any subsequent conviction of your spouse of a criminal offence in the Falkland Islands, may lead to the revocation of your own Residence Permit.

### DECLARATION AND AUTHORISATION

- I understand the questions on this form and confirm that the information provided is true and correct
- I understand that the Falkland Islands desire to maintain a drugs-free environment and that if I am convicted of a drugs-related offence whilst in the Islands it may lead to the revocation of any permit granted on this application and my deportation from the Falkland Islands.
- I understand that I am required to declare all criminal offences of which I have been convicted whether spent or not and that failure to do so may lead to the revocation of any permit granted on this application and my deportation from the Falkland Islands.
- I hereby irrevocably authorise and consent to all relevant Police and Criminal Records Offices providing to the Immigration Office, Falkland Islands Government, full details of all previous convictions recorded against me (whether or not they are shown as 'spent').
- I undertake that if any relevant matter relating to this application changes, I will inform the Falkland Islands Customs and Immigration Department without delay.

Name in full

Date of birth  Place of birth

Signed  Date

I have enclosed the following documents:

Marriage certificate if accompanied  Child's birth certificate/s if accompanied

Police vetting certificate/s  Other (specify)

I have enclosed the fee with this application  The fee for this application will be paid by

Name: Initials  Surname  Date

## FORM 1

### DECLARATION BY SPOUSE OF APPLICANT FOR A RESIDENCE PERMIT

HAVE YOU **EVER** BEEN CONVICTED OF **ANY** CRIMINAL OFFENCE? YES  NO

If "YES" please list (in date order) the offences, the court, and the sentence (punishment) imposed

Date	Offence	Court	Sentence

**For the purposes of Falkland Islands immigration procedures you must declare all criminal offences, whether or not they are considered to be spent by the laws of the country in which you were convicted.** (Note: You do not have to declare driving offences unless either (i) you were disqualified from driving, or (ii) you were imprisoned as a result of your conviction.) The declaration of criminal offences will not necessarily mean that your spouse's application will be refused, but it is a requirement that any offences are taken into consideration. (Continue on a separate sheet if necessary endorsed "Continued from Form 1, Page 6" and signed by yourself)

### DECLARATION AND AUTHORISATION

- I understand the questions on this form and confirm that the information provided is true and correct insofar as it relates to me
- I understand that the Falkland Islands desire to maintain a drugs-free environment and that if I am convicted of a drugs-related offence whilst in the Islands it may lead to the revocation of any permit granted to my spouse and my deportation from the Falkland Islands
- I understand that I am required to declare all criminal offences of which I have been convicted whether spent or not and that failure to do so may lead to the revocation of any permit granted to my spouse and my deportation from the Falkland Islands
- I hereby irrevocably authorise and consent to all relevant Police and Criminal Records Offices providing to the Immigration Office, Falkland Islands Government, full details of all previous convictions recorded against me (whether or not they are shown as 'spent').
- I undertake that if any relevant matter relating to this application changes, insofar as it relates to me, I will inform the Falkland Islands Customs and Immigration Department without delay.

Name in full

Date of birth  Place of birth

Signed  Date