

FORM 1A

A FEE OF £23.00 IS PAYABLE
WITH THIS APPLICATION

FOR OFFICIAL USE ONLY :	
Receipt No	
Receipt Date	
Issued	
Period of Validity	
Officer's Initials	

FALKLAND ISLANDS IMMIGRATION ORDINANCE 1999

PLEASE USE THIS FORM TO APPLY FOR

THE RENEWAL OF A RESIDENCE PERMIT

WARNING: 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.

If you are in any doubt about how to answer any of the questions in this form, please seek clarification from the Immigration Department on 27340 or e-mail: admin@customs.gov.fk

IMPORTANT NOTES:

- (i) 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.
- (ii) Please pay particular attention to the section requiring the declaration of criminal offences
- (iii) Please complete this form in black ink or black ballpoint pen.
- (iv) You may be required to undergo a medical examination before the permit is granted. The same applies in respect of any member of your family included on this form. The Principal Immigration Officer may also wish to obtain further information from you in connection with your application, for example evidence which demonstrates that you have a) satisfactory accommodation arrangements, and b) adequate means of support for the duration of the permit requested.

Personal Details

Personal ID No (obtain from current Residence Permit below Residence Permit No)	<input type="text"/>	Date of Birth:	<input type="text"/>
Surname:	<input type="text"/>	First Names:	<input type="text"/>
Passport No:	<input type="text"/>	Date of Issue:	<input type="text"/>
Place of Issue:	<input type="text"/>	Date of Expiry:	<input type="text"/>
Current Tel No:	<input type="text"/>	Fax No:	<input type="text"/>
		E-mail Address:	<input type="text"/>

I am applying for a renewal of my residence permit for a period of
(Maximum period is limited to 3 years)

Name Date

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Means of Support in the Falkland Islands

Please state how you will be supported in the Falkland Islands, and by whom:

Accommodation Arrangements

My Current Address is:

Owner of Property:

Will you be accommodated at the above address for the duration of the permit requested? YES NO

If not accommodated at the above address for the duration of the permit please state –

Address of new accommodation:

Owner of property:

Dependants (Family Members)

Has there been any change in your marital status or in the number of dependants living with you in the Falkland Islands since your last permit was issued? YES NO

If YES, please give details of all dependants presently with you in the Islands (*continue on a separate sheet if necessary*):

Will any of your children attain the age of 18 years during the currency of your new permit? YES NO

If YES, please give details (*continue on a separate sheet if necessary*):

(It should be noted that any child attaining the age of 18 years will be required to obtain a Residence Permit or a Work Permit in their own right)

Medical Fitness

Have you, or any member/s of your family, previously had an FIG immigration or employment medical? YES NO

If YES, please specify the type of medical, and when you/they had the medical/s (*continue on a separate sheet if necessary*):

Has there been any significant change in your health, or in that of any of your family members, since your last permit was issued? YES NO

If there has been any significant change in your health, or that of any of your family members, since your last residence permit was issued, or if you have never had an FIG immigration or employment medical examination, please answer the following questions:

Have you, or any member of your family, had or currently got any significant medical condition? YES NO

Are you, or any member of your family, receiving medical treatment, including medicines of any sort? YES NO

Are you, or any member of your family, aware of any medical condition you have that may require further treatment? YES NO

Name Date

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If you answered YES to any of the above questions, please provide brief details below, including the names of any medicines you may be taking (*continue on a separate sheet if necessary*):

Criminal Offences

Have you or any family member/s been convicted of any criminal offences since your last Residence Permit was issued?

YES NO

If YES, please give details (*continue on a separate sheet if necessary*):

Can you confirm that the declaration made in your original application form, as to criminal offences of which you and any dependants have been convicted, was correct?

YES NO

You are reminded that for the purposes of Falkland Islands immigration procedures you must declare any offence of which you, or any of your dependants, have been convicted in the Falkland Islands or elsewhere, *including* motoring offences (except parking offences) and *including* any offences of which you were convicted as a juvenile and *including* any offences which for other purposes might, by law, be regarded as spent or rehabilitated

If NO, please give details (*continue on a separate sheet if necessary*):

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 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

You should return this form duly completed to the Immigration Officer, Stanley, Falkland Islands. Enquiries regarding this application form, or any other immigration matters, may also be made to the Immigration Officer, Stanley by telephone: (500) 27340, fax: (500) 27342 or e-mail to admin@customs.gov.fk (*any documents e-mailed must contain the signature of the applicant*)