APPLICATION FOR REGISTRATION AS A CITIZEN OF ST. VINCENT AND THE GRENADINES

REFERENCES

1.	Name and full				
	Postal Address				
	(in BLOCK LETTERS)	Mr./Mrs./Miss:			
		Tel. No.:			
that I		am a citizen of St. Vincent and the Grenadines; that I am a householder; and			
	I support this application from my	personal knowledge of, and close acquaintance with, the applicant for ars.			
	I vouch for his/her good character ar	nd loyalty and am prepared to furnish full details about my knowledge of, and			
acqua	intance with, the applicant.				
Date		Signature:			
2.	Name and full				
	Postal Address				
	(in BLOCK LETTERS)	Mr./Mrs./Miss:			
		Tel. No.:			
that I		I am a citizen of St. Vincent and the Grenadines; that I am a householder; and			
	I support this application from my	personal knowledge of, and close acquaintance with, the applicant for ears.			
acqua	I vouch for his/her good character an aintance with, the applicant.	nd loyalty and am prepared to furnish full details about my knowledge of, and			
Date	:	Signature:			

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OATH OF ALLEGIANCE

	· · · · · · · · · · · · · · · · · · ·		
Ι		swear by Almighty Goo	d that I will be faithful and bear true
	o Her Majesty Queen Elizabeth the Second Her H		
		1	20
Swo	orn and subscribed this	. day 01	
•			
Stat	te whether Justice of the Peace, Commissioner fo	r Oaths, Notary Public or	other authorised person.
Max	me and Address of person who administered the		
ıvaı	ne and Address of person who administered the		
Oat	th (in block capitals)		