

## GOVERNMENT OF GUYANA MINISTRY OF FOREIGN AFFAIRS & INTERNATIONAL COOPERATION REMIGRATION UNIT APPLICATION FOR REMIGRANT STATUS

PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION.

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|---|----------------|----|-----------------|----------|-------------|---------|---------------|
| 1.  | FAMILY NAME    |    | FIF             | RST NAMI | E           | C       | OTHER NAME(S) |
|   |                |    |                 |          |             |         |               |
|   |                |    |                 |          |             |         |               |
|   |                |    |                 |          |             |         |               |
| 2.  | DATE OF BIRTH  |    | 3.              |          | GEND        | )ER     |               |
|   |                |    |                 |          |             |         |               |
|   | / (DD/MM/YYYY) |    | MALE[] FEMALE[] |          |             |         |               |
|   |                |    |                 |          |             |         |               |
| 4.  | ETHNICITY      | 5. |                 | PLACE AI | ND COUN     | TRY OF  | BIRTH         |
|   |                |    |                 |          |             |         |               |
|   |                |    |                 |          |             |         |               |
|   |                |    |                 |          |             |         |               |
|   |                |    |                 |          |             |         |               |
| 6.  | NATIONALITY    |    | 7.              |          |             | AL STAT |               |
|   |                |    | SINGL           | .E[] MAF | RRIED [ ] V | VIDOW [ | ] WIDOWER[ ]  |
|   |                |    | SEPAI           | RATED[]  | COMMON-     | LAW [ ] | DIVORCED [ ]  |
|   |                |    |                 |          |             |         |               |
| 8.  | NAME OF SPOUS  | E  |                 | 9.       | NUMB        | ER OF C | HILDREN       |
|   |                |    |                 |          |             |         |               |
| 10.   | PLACE OF BIR   | TH |                 | 11.      | D.          | ATE OF  | BIRTH         |
|   |                |    |                 |          | _           | _       |               |
| /(DD/MM/YYYY)   |                |    |                 |          |             |         |               |
| IS YOUR SPOUSE REMIGRATING WITH YOU? YES [ ] NO [ ]               |                |    |                 |          |             |         |               |
| DID YOUR SPOUSE MAKE A SEPARATE APPLICATION FOR REMIGRANT STATUS? |                |    |                 |          |             |         |               |
| YES   | YES [ ] NO [ ] |    |                 |          |             |         |               |
| L   |                |    |                 |          |             |         |               |

| 12. ARE YOU A PERMANENT RESIDENT OF THE COUNTRY FROM WHICH YOU ARE RE-MIGRATING? |                  |  |  |  |  |  |
|--|------------------|--|--|--|--|--|
| YES [ ] NO [ ] IF YES, STA   | TE COUNTRY       |  |  |  |  |  |
| DATE OF PERMANENT RESIDE   | NCE/(DD/MM/YYYY) |  |  |  |  |  |
| ADDRESS IN COUNTRY WHERI<br>RESIDED WHILST OVERSEAS                              | E YOU            |  |  |  |  |  |
| 13. TRAVEL DOCUMENT DETAILS  |                  |  |  |  |  |  |
| PASSPORT NUMBER  |                  |  |  |  |  |  |
| DATE OF ISSUE  | / (DD/MM/YYYY)   |  |  |  |  |  |
| DATE OF EXPIRY   | / (DD/MM/YYYY)   |  |  |  |  |  |
| DATES OF ENTRY AND EXIT TO AND FROM GUYANA FOR THE LAST FIVE YEARS               | ENTRY EXIT //    |  |  |  |  |  |

| 14. LOCAL INFORMATION (IN GUYANA)   |   |  |  |  |  |
|---|---|--|--|--|--|
| PERMANENT ADDRESS   |   |  |  |  |  |
| TELEPHONE NUMBER(S)   |   |  |  |  |  |
| NAME, ADDRESS AND<br>TELEPHONE NUMBER OF<br>CLOSEST RELATIVE LIVING IN<br>GUYANA                          |   |  |  |  |  |
| 15.   | SKILLS AND WORK                             |  |  |  |  |
| DID YOU WORK WHILE OVERSEAS?  | YES [ ] NO [ ]                              |  |  |  |  |
| IF YES, GIVE A DESCRIPTION OF<br>YOUR WORK AND COMPANY /<br>EMPLOYER NAME(S) AND<br>ADDRESS IF APPLICABLE |   |  |  |  |  |
| LIST AND BRIEFLY DESCRIBE<br>ANY OF YOUR SPECIAL SKILLS<br>OR SPECIALIZATIONS                             |   |  |  |  |  |
|   |   |  |  |  |  |
| 16. DO YOU OW   | N ANY IMMOVABLE PROPERTY OVERSEAS?          |  |  |  |  |
| IF YES, STATE WHAT YOU<br>PLAN TO DO WITH IT  | YES [ ] NO [ ]                              |  |  |  |  |
|   |   |  |  |  |  |
| 17. ARE YOU RETURNIN  | G TO RESETTLE FOR A MINIMUM OF THREE YEARS? |  |  |  |  |
|   | YES [ ] NO [ ]                              |  |  |  |  |
|   |   |  |  |  |  |
| 18. HOW ARE YOU PLANNING TO GUYANA?   | TO OBTAIN A LIVELIHOOD ONCE RESETTLED INTO  |  |  |  |  |
|   |   |  |  |  |  |

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