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# Vanuatu Development Support Program Honorary Citizenship Nomination Check List

Principal Candidate's Surname:	Principal Candidate's First (Given) Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place and Country of Birth:	Date of Birth (dd/mm/yy):	Number of Family Members included in the nomination:

Documents	PRINCIPAL CANDIDATE
	<b>Principal Candidate's Submission Documents</b>
<input type="checkbox"/> AA-1	Nomination Form
<input type="checkbox"/> AA-2	Valid Passport (certified copy)
<input type="checkbox"/> AA-3	Identity Card or Driver's License (certified copy)
<input type="checkbox"/> AA-4	Police Certificate from State of Origin
<input type="checkbox"/> AA-5	Vanuatu Citizenship Commission Due Diligence Check
<input type="checkbox"/> AA-6	Personal Profile including Education and Employment History
<input type="checkbox"/> AA-7	Medical Certificate
<input type="checkbox"/> AA-8	6 Colour Photos (40mm x 50mm)
	<b>Asset Proof</b>
<input type="checkbox"/> AA-9	Asset Report
<input type="checkbox"/> AA-10	<input type="checkbox"/> Employment Certification <input type="checkbox"/> Bank Reference <input type="checkbox"/> Professional Reference <input type="checkbox"/> Academic Certification
<input type="checkbox"/> AA-11	Others

Documents	SPOUSE
<input type="checkbox"/> BB-1	Nomination Form
<input type="checkbox"/> BB-2	Valid Passport (certified copy)
<input type="checkbox"/> BB-3	Identity Card or Driver's License (certified copy)
<input type="checkbox"/> BB-4	Police Certificate from State of Origin
<input type="checkbox"/> BB-5	Vanuatu Citizenship Commission Due Diligence Check
<input type="checkbox"/> BB-6	Marriage Certificate (notarized copy)
<input type="checkbox"/> BB-7	Medical Certificate
<input type="checkbox"/> BB-8	6 Colour Photos (40mm x 50mm)
<input type="checkbox"/> BB-9	Others

CC-1	CC-2	CC-3	CC-4	DEPENDENT CHILD(REN) UNDER 18 YEARS
<input type="checkbox"/> CC1-1	<input type="checkbox"/> CC2-1	<input type="checkbox"/> CC3-1	<input type="checkbox"/> CC4-1	Nomination Form
<input type="checkbox"/> CC1-2	<input type="checkbox"/> CC2-2	<input type="checkbox"/> CC3-2	<input type="checkbox"/> CC4-2	Certification of Birth (notarized copy)
<input type="checkbox"/> CC1-3	<input type="checkbox"/> CC2-3	<input type="checkbox"/> CC3-3	<input type="checkbox"/> CC4-3	Valid Passport (certified copy)
<input type="checkbox"/> CC1-4	<input type="checkbox"/> CC2-4	<input type="checkbox"/> CC3-4	<input type="checkbox"/> CC4-4	Identity Card / Driver's License (certified copy)
<input type="checkbox"/> CC1-5	<input type="checkbox"/> CC2-5	<input type="checkbox"/> CC3-5	<input type="checkbox"/> CC4-5	6 Colour Photos (40mm x 50mm)
<input type="checkbox"/> CC1-6	<input type="checkbox"/> CC2-6	<input type="checkbox"/> CC3-6	<input type="checkbox"/> CC4-6	Medical Certificate
<input type="checkbox"/> CC1-7	<input type="checkbox"/> CC2-7	<input type="checkbox"/> CC3-7	<input type="checkbox"/> CC4-7	Police Certification from State of Origin (for 12 years to 18 years old)
<input type="checkbox"/> CC1-8	<input type="checkbox"/> CC2-8	<input type="checkbox"/> CC3-8	<input type="checkbox"/> CC4-8	Vanuatu Citizenship Commission due diligence check (for 12 to 18 years old)
<input type="checkbox"/> CC1-9	<input type="checkbox"/> CC2-9	<input type="checkbox"/> CC3-9	<input type="checkbox"/> CC4-9	Others

DD-1	DD-2	DD-3	DD-4	DEPENDENT RESIDENT 18 YEARS TO 25 YEARS AND 65 YEARS PLUS
<input type="checkbox"/> DD1-1	<input type="checkbox"/> DD2-1	<input type="checkbox"/> DD3-1	<input type="checkbox"/> DD4-1	Nomination Form
<input type="checkbox"/> DD1-2	<input type="checkbox"/> DD2-2	<input type="checkbox"/> DD3-2	<input type="checkbox"/> DD4-2	Certification of Birth (notarized copy)
<input type="checkbox"/> DD1-3	<input type="checkbox"/> DD2-3	<input type="checkbox"/> DD3-3	<input type="checkbox"/> DD4-3	Valid Passport (certified copy)
<input type="checkbox"/> DD1-4	<input type="checkbox"/> DD2-4	<input type="checkbox"/> DD3-4	<input type="checkbox"/> DD4-4	Identity Card / Driver's License (certified copy)
<input type="checkbox"/> DD1-5	<input type="checkbox"/> DD2-5	<input type="checkbox"/> DD3-5	<input type="checkbox"/> DD4-5	6 Colour Photos (40mm x 50mm)
<input type="checkbox"/> DD1-6	<input type="checkbox"/> DD2-6	<input type="checkbox"/> DD3-6	<input type="checkbox"/> DD4-6	Medical Certificate
<input type="checkbox"/> DD1-7	<input type="checkbox"/> DD2-7	<input type="checkbox"/> DD3-7	<input type="checkbox"/> DD4-7	Police Certification from State of Origin (for 12 years to 18 years old)
<input type="checkbox"/> DD1-8	<input type="checkbox"/> DD2-8	<input type="checkbox"/> DD3-8	<input type="checkbox"/> DD4-8	Vanuatu Citizenship Commission due diligence check
<input type="checkbox"/> DD1-9	<input type="checkbox"/> DD2-9	<input type="checkbox"/> DD3-9	<input type="checkbox"/> DD4-9	Others

# Vanuatu DSP Honorary Citizenship Nomination Form - Principal Candidate

## Principal Candidate's Personal Particulars

A1. Candidate's Surname:		A2. Candidate's First (Given) Name:		A3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
A4. Place and Country of Birth: <input type="text" value="CITY or TOWN NAME"/> <input type="text" value="COUNTRY"/>		A5. Date of Birth: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		A6. Martial Status: <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Re-Married <input type="checkbox"/> Widowed <input type="checkbox"/> Female	
A7. Permanent Address:			A8. Current Address (if different from A7):		
A9. Telephone Number:			A10. E-mail Address:		
A11. Existing Passport Number:		A12. Passport Issue Date and Country:		A13. Passport Expiration Date:	
A14. Vanuatu Non-Citizen Identity Card Number:			A15. Occupation:		

## Asset Proof

A16. Amount (USD) of funds contributed:	
A17. Amount stated in Asset Report:	
A18. Income and Asset gained through: <input type="checkbox"/> Employment <input type="checkbox"/> Business <input type="checkbox"/> Investment <input type="checkbox"/> Family <input type="checkbox"/> Other, please explain _____ _____ _____	

- A19.  I hereby declare that none of the funds specified in the Asset Report were obtained as the result of any illegal activity, or any terrorist activity and that transfer of these funds under this nomination will not violate any law or legal obligation in Vanuatu.
- A20.  I enclose herewith my personal profile stating my family, education background and employment history in supporting my submission.
- I enclose herewith my asset proof of not less than \_\_\_\_\_ in supporting my nomination.
- I enclose herewith a recent bank reference letter or statement showing my creditability.
- A21.  I hereby authorise, without reservation, the Vanuatu Government and/or any agents or representatives that the Government may appoint to:
- Verify information about me, my spouse and dependent children included in the nomination.
  - Or retain, to obtain information, including credit reports, police records, Interpol records, electronic records, and records of any kind, about me and my family members that the Vanuatu Government may determine to be relevant to this nomination. I understand that such information and records may be obtained from public information, public documents, records of any government and other agencies or bodies.
  - To release any information about me contained in this nomination form and other information obtained by the Vanuatu Government of any personal information about me or any of my family members in order to verify that such information is complete, truthful and accurate and to obtain such other information as the Government may determine is useful in the deciding whether to grant my citizenship status to me or my family members included in this nomination for such other purpose as are set forth in the laws of Vanuatu.
- A22.  I hereby authorize any agency, person, body, entity, or party, contracted by the Vanuatu Government, to furnish the requested records, information, or reports about me or my family members included in the nomination, and release all parties from any responsibility or liability from requesting or furnishing said records or information.

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Principal Candidate's Signature

# Vanuatu DSP Honorary Citizenship Nomination Form - Principal Candidate

## Medical Certificate

A23.  I have attached my Medical Certificate.

## Criminal Records Verification

A24. Police Clearance from State of Origin:.	A25. Issuing Party:	A26. Police Clearance from the State of Origin:.  (Must be within 6 months)
A27. FIU clearance from Vanuatu:.	A28. Issuing Party:	A29. Issue Date:.  (Must be within 6 months)

A30.  Police Certificate or Certificate of No Criminal Records must be provided. Attached is the original / true copy of the Police Certificate or Certificate of similar nature issued in my country of citizenship and by the country of in which I lived more than one (1) year during the past ten (10) years.

A31.  I hereby declare that I have never been convicted of a crime or charged with any criminal offence other than those (if any) listed in the Police Certificate or Certificate of similar nature attached to this form.

\_\_\_\_\_  
Principal Candidate's Signature

## Family Members to be included in the Nomination

Please list all family members who will be included in the nomination. Please identify the category of each spouse or dependent children as follows:

No.	Surname	Given Names	Relationship to Candidate	Category

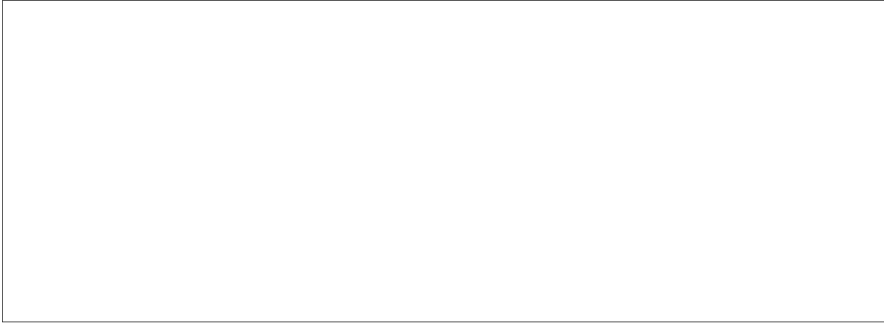
A32.  I confirm that the above person(s) named and marked as Category \_\_\_\_ is / are my dependent child(ren) who is / are now receiving education and I am financially responsible for the livelihood and welfare of the above mentioned dependent(s).

A33.  Number of family member(s) listed (not including Principal Candidate).

\_\_\_\_\_  
Principal Candidate's Signature

## Signature and Photograph

A34. Specimen signature to be used by Principal Candidate:



\_\_\_\_\_  
Name of Principal Candidate

I hereby confirm the photo is a true image of: \_\_\_\_\_ who is also signing this

Nomination Form before me: \_\_\_\_\_

Name of Witness, their organisation and position:

Date:

I hereby certify that the information stated in this Nomination Form is true and accurate and also confirm that I have read and understood all sections and documents identified in the check list and any annexes specified therein. I confirm that all information and documents provided are true and complete and up to date. I understand that failure of fulfilling the above may lead to the nomination being declined by Vanuatu Citizenship Commission and/or any false declaration in this Nomination Form may lead to revocation of my citizenship subsequently.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Name of Principal Candidate:

\_\_\_\_\_  
Date:

# Vanuatu DSP Honorary Citizenship Nomination Form - Spouse

## Spouse's Personal Particulars

B1. Spouse's Surname:		B2. Spouse's First (given) name:		B3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
B4. Place and Country of Birth: <input type="text" value="CITY or TOWN NAME"/> <input type="text" value="COUNTRY"/>		B5. Date of Birth: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		B6. Martial Status: <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Re-Married <input type="checkbox"/> Widowed <input type="checkbox"/> Female	
B7. Permanent Address:			B8. Current Address (if different from B7):		
B9. Telephone Number:			B10. E-mail Address:		
B11. Existing Passport Number:		B12. Passport Issue Date and Country:		B13. Passport Expiration Date:	
B14. Vanuatu Non-Citizen Identity Card Number:			B15. Occupation:		

## Medical Certificate

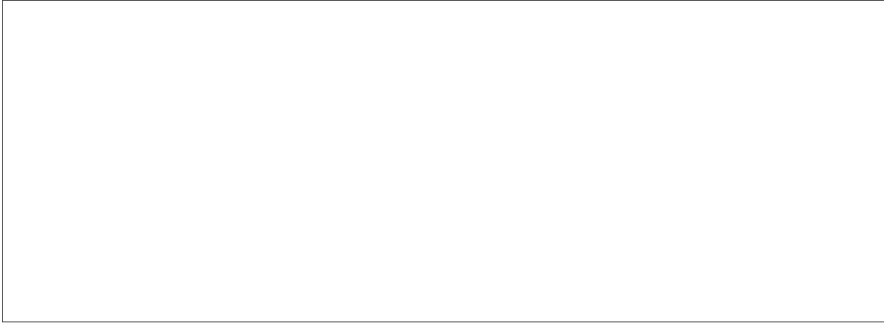
B16.  I have attached my Medical Certificate.

## Criminal Records Verification

B17. Police Clearance from State of Origin:.		B18. Issuing Party:		B19. Police Clearance from the State of Origin:.  (Must be within 6 months)	
B20. FIU clearance from Vanuatu:.		B21. Issuing Party:		B22. Issue Date:.  (Must be within 6 months)	
B23. <input type="checkbox"/> Police Certificate or Certificate of No Criminal Records must be provided. Attached is the original / true copy of the Police Certificate or Certificate of similar nature issued in my country of citizenship and by the country of in which I lived more than one (1) year during the past ten (10) years.					
B24. <input type="checkbox"/> I hereby declare that I have never been convicted of a crime or charged with any criminal offence other than those (if any) listed in the Police Certificate or Certificate of similar nature attached to this form.					
<hr style="width: 50%; margin: 0 auto;"/> Spouce's Signature					

## Signature and Photograph

B25. Specimen signature to be used by Spouse:



\_\_\_\_\_  
Name of Spouse

I hereby confirm the photo is a true image of: \_\_\_\_\_ who is also signing this

Nomination Form before me: \_\_\_\_\_

Name of Witness, their organisation and position:

Date:

I hereby certify that the information stated in this Nomination Form is true and accurate and also confirm that I have read and understood all sections and documents identified in the check list and any annexes specified therein. I confirm that all information and documents provided are true and complete and up to date. I understand that failure of fulfilling the above may lead to the nomination being declined by Vanuatu Citizenship Commission and/or any false declaration in this Nomination Form may lead to revocation of my citizenship subsequently.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Name of Spouse:

\_\_\_\_\_  
Date:



# Vanuatu DSP Honorary Citizenship Nomination Form - Dependent Child

## Dependent Child's Personal Particulars

C1. Child's Surname:		C2. Child's First (given) name:		C3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
C4. Place and Country of Birth: <input type="text" value="CITY or TOWN NAME"/> <input type="text" value="COUNTRY"/>		C5. Date of Birth: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		C6. Martial Status: <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Re-Married <input type="checkbox"/> Widowed <input type="checkbox"/> Female	
C7. Permanent Address:			C8. Current Address (if different from B7):		
C9. Telephone Number:			C10. E-mail Address:		
C11. Existing Passport Number:		C12. Passport Issue Date and Country:		C13. Passport Expiration Date:	
C14. Vanuatu Non-Citizen Identity Card Number:			C15. Occupation:		

## Medical Certificate

C16.  I have attached my Medical Certificate.

## Criminal Records Verification

C17. Police Clearance from State of Origin:.		C18. Issuing Party:		C19. Police Clearance from the State of Origin:.  (Must be within 6 months)	
C20. FIU clearance from Vanuatu:.		C21. Issuing Party:		C22. Issue Date:.  (Must be within 6 months)	
C23. <input type="checkbox"/> Police Certificate or Certificate of No Criminal Records must be provided. Attached is the original / true copy of the Police Certificate or Certificate of similar nature issued in my country of citizenship and by the country of in which I lived more than one (1) year during the past ten (10) years.					
C24. <input type="checkbox"/> I hereby declare that I have never been convicted of a crime or charged with any criminal offence other than those (if any) listed in the Police Certificate or Certificate of similar nature attached to this form.					
<hr style="width: 50%; margin: 0 auto;"/> Dependent Child's Signature					

## Full Time Education Certificate

D25. Transcript or education proof issuing college:

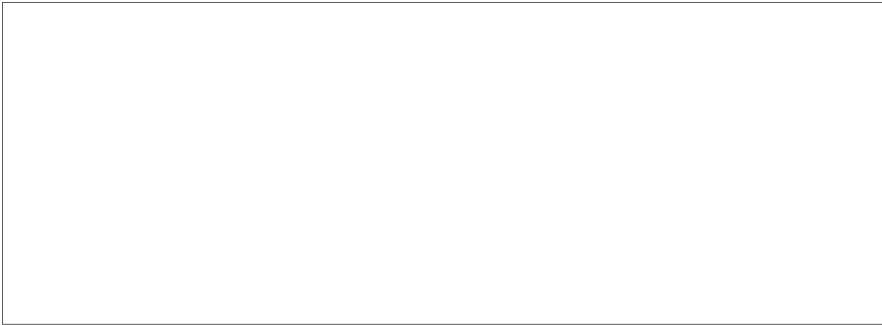
D25. Issue Date:

D25. Curriculum Attending:

*Note: The dependent child of age 18 to age 25 is eligible to be included in the citizenship nomination only if the said dependent child is receiving education from a college and fully supported by the principal candidate.*

## Signature and Photograph

B25. Specimen signature to be used by the Dependent Child:



\_\_\_\_\_  
Name of Dependent Child

I hereby confirm the photo is a true image of: \_\_\_\_\_ who is also signing this

Nomination Form before me: \_\_\_\_\_

Name of Witness, their organisation and position:

Date:

I hereby certify that the information stated in this Nomination Form is true and accurate and also confirm that I have read and understood all sections and documents identified in the check list and any annexes specified therein. I confirm that all information and documents provided are true and complete and up to date. I understand that failure of fulfilling the above may lead to the nomination being declined by Vanuatu Citizenship Commission and/or any false declaration in this Nomination Form may lead to revocation of my citizenship subsequently.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Name of Dependent Child:

\_\_\_\_\_  
Date:

# Vanuatu DSP Honorary Citizenship Nomination Form - Dependent Resident

**Age 18 - 25 years**  
**Age 65 years plus**

## Dependent Resident's Personal Particulars

D1. Dependent Resident's Surname:		D2. Dependent Resident's First (given) name:		D3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
D4. Place and Country of Birth: <input type="text" value="CITY or TOWN NAME"/> <input type="text" value="COUNTRY"/>		D5. Date of Birth: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/>		D6. Martial Status: <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Re-Married <input type="checkbox"/> Widowed <input type="checkbox"/> Female	
D7. Permanent Address:			D8. Current Address (if different from D7):		
D9. Telephone Number:			D10. E-mail Address:		
D11. Existing Passport Number:		D12. Passport Issue Date and Country:		D13. Passport Expiration Date:	
D14. Vanuatu Non-Citizen Identity Card Number:			D15. Occupation:		

## Medical Certificate

D16.  I have attached my Medical Certificate.

## Criminal Records Verification

D17. Police Clearance from State of Origin:.		D18. Issuing Party:		D19. Police Clearance from the State of Origin:.  (Must be within 6 months)	
D20. FIU clearance from Vanuatu:.		D21. Issuing Party:		D22. Issue Date:.  (Must be within 6 months)	
D23. <input type="checkbox"/> Police Certificate or Certificate of No Criminal Records must be provided. Attached is the original / true copy of the Police Certificate or Certificate of similar nature issued in my country of citizenship and by the country of in which I lived more than one (1) year during the past ten (10) years.					
D24. <input type="checkbox"/> I hereby declare that I have never been convicted of a crime or charged with any criminal offence other than those (if any) listed in the Police Certificate or Certificate of similar nature attached to this form.					
<hr style="width: 50%; margin: 0 auto;"/> Dependent Resident's Signature					

**Full Time Education Certificate**

D25. Transcript or education proof issuing college:

D25. Issue Date:

D25. Curriculum Attending:

*Note: The dependent resident of age 18 to age 25 is eligible to be included in the citizenship nomination only if the said dependent resident is receiving education from a college and fully supported by the principal candidate or is a son or daughter of the Principal Candidate.*

**Signature and Photograph**

B25. Specimen signature to be used by the Dependent Resident:



\_\_\_\_\_  
Name of Dependent Resident

I hereby confirm the photo is a true image of: \_\_\_\_\_ who is also signing this

Nomination Form before me: \_\_\_\_\_

Name of Witness, their organisation and position:

Date:

I hereby certify that the information stated in this Nomination Form is true and accurate and also confirm that I have read and understood all sections and documents identified in the check list and any annexes specified therein. I confirm that all information and documents provided are true and complete and up to date. I understand that failure of fulfilling the above may lead to the nomination being declined by Vanuatu Citizenship Commission and/or any false declaration in this Nomination Form may lead to revocation of my citizenship subsequently.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Name of Dependent Resident:

\_\_\_\_\_  
Date: