

**CITIZENSHIP ACT, 1994
(Section 5(2))**

**APPLICATION FOR CITIZENSHIP ON SPECIAL
CIRCUMSTANCES**

1. **FULL NAME
AND ADDRESS
OF APPLICANT:**

2. **PLACE AND
DATE OF BIRTH:**
(Attach Certificate of birth)

3. **NATIONALITY
OF APPLICANT:**

4. **ANY OTHER
NATIONALITY
SINCE BIRTH:**
(If any)

5. **CIVIL STATUS
OF APPLICANT:**.....
(State whether Single/Married/Widowed/Divorce/Separated.
Attach certificates of Marriage, Death, Decree of Divorce or Legal Separation)

6. **NAME OF SPOUSE
OF APPLICANT
BEFORE MARRIAGE
AND NATIONALITY:**
(If living and marriage is subsisting)

7. **APPLICANTS: CREOLE:**
KNOWLEDGE ENGLISH:
OF NATIONAL: FRENCH:
LANGUAGES:
(State whether Excellent/Good/Fair/Light/Nil)

8. **NAMES AND AGES
OF CHILDREN OF
APPLICANT:**
(If any)

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9. **SPECIAL CIRCUMSTANCES:**

.....

10. **ANY PREVIOUS CONVICTIONS:**
(If any give details)

11. **DATE OF ANY PREVIOUS APPLICATION UNDER THE ACT:**
(If any)

I
(Name of Applicant)

of declare that -
(Address)

- (i) the information furnished by me in this application is true and correct; and
- (ii) I understand that incorrect, misleading or untrue information or any information withheld in any material manner which may affect the grant of Citizenship of Seychelles may result in the deprivation of that Citizenship.

Date: 20.....

.....
SIGNATURE OF APPLICANT

CERTIFICATE OF SPONSOR

I
(Name)

of being a citizen of Seychelles by birth and
(Address)

..... certify that
(Designation or Occupation) (Name of Applicant)

..... is known to me, is of good character and is a fit and proper person to be granted Citizenship of Seychelles.

The particulars in the application are correct to the best of my knowledge and belief.

Date: 20.....

.....
SIGNATURE OF SPONSOR

CERTIFICATE OF SPONSOR

I
(Name)

of being a citizen of Seychelles by birth and
(Address)

..... certify that
(Designation or Occupation) (Name of Applicant)

is known to me, is of good character and is a fit and proper person to be granted Citizenship of Seychelles.

The particulars in the application are correct to the best of my knowledge and belief.

Date: 20.....

.....
SIGNATURE OF SPONSOR

CERTIFICATE OF SPONSOR

I
(Name)

of being a citizen of Seychelles by birth and
(Address)

..... certify that
(Designation or Occupation) (Name of Applicant)

..... is known to me, is of good character and
is a fit and proper person to be granted Citizenship of Seychelles.

The particulars in the application are correct to the best of my knowledge and belief.

Date: 20.....

.....
SIGNATURE OF SPONSOR

FOR OFFICIAL USE

CERTIFICATE OF CITIZENSHIP OFFICER

I Citizenship Officer certify that the application complies with the Act.

.....
CITIZENSHIP OFFICER

DETERMINATION OF PRESIDENT

Date: 20.....

.....
PRESIDENT

DATE OF GRANT OF CITIZENSHIP

NO. OF CERTIFICATE OF REGISTRATION

.....
CITIZENSHIP OFFICER

Note: This application shall also be accompanied by -

- (i) processing fee of SR500/-*
- (ii) one passport size photograph of the applicant*
- (iii) copies of the Gazette and newspaper notification of intentions to apply for Citizenship.*