

LEGAL NOTICE NO. 109

REPUBLIC OF TRINIDAD AND TOBAGO

THE IMMIGRATION ACT, CHAP. 18:01

REGULATIONS

MADE BY THE MINISTER UNDER SECTION 44 OF THE IMMIGRATION ACT
AND SUBJECT TO NEGATIVE RESOLUTION OF PARLIAMENT

THE IMMIGRATION (AMENDMENT) REGULATIONS, 2019

1. These Regulations may be cited as the Immigration (Amendment) ^{Citation} Regulations, 2019.

2. In these Regulations, “the Regulations” means the Immigration ^{Interpretation} Regulations. _{Chap. 18:01}

3. Regulation 10(14) of the Regulations is amended by deleting the ^{Regulation 10} words “with or without conditions, persons engaging in any category of ^{amended} profession, trade or occupation” and substituting the following:

“with or without conditions—

- (a) persons engaging in any category of profession, trade or occupation; or
- (b) a class of persons who hold a valid permit issued under section 10 of the Act.”.

4. The Regulations are amended by inserting after regulation 46, the ^{Regulation 46A} following regulation: _{inserted}

“Application
under
section 10
Form 17A

46A. (1) An application for a permit under section 10 of the Act shall be in the form set out as Form 17A, or in a bilingual version of that form.

(2) A bilingual version under subregulation (1) shall be in English and such other language as the Minister thinks fit.”.

First Schedule amended 5. The Regulations are amended in the First Schedule by inserting after Form 17, the following new Form:

“FORM 17A

REPUBLIC OF TRINIDAD AND TOBAGO

IMMIGRATION REGULATIONS

Photo

SECTION A - PERSONAL DATA			
Surname:	First name:	Middle name(s):	
Other name(s) (Aliases, former name/s):			
Date of birth (dd/mm/yyyy):	Place of birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other			
Address in country of origin:		Telephone contact in country of origin:	
Address in Trinidad and Tobago:		Telephone Number in Trinidad and Tobago:	
		Email address:	
		Name and telephone contact of a reference in Trinidad and Tobago:	
Profession:		Occupation:	
Name of employer in Trinidad and Tobago:			
Place of employment in Trinidad and Tobago:			
Native language (Including dialect):	Do you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other languages spoken:
Nationality			
Nationality of applicant:		Other nationalities:	
Identity Document: Passport Number: National Identification card Number:	Date of Issue (dd/mm/yyyy):	Date of Expiry (dd/mm/yyyy):	Place of Issue:

SECTION B – PERSONAL BACKGROUND			
FAMILY INFORMATION			
Name of Father			
Last name:	First name:	Date of birth (dd/mm/yyyy): Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of residence:
Name of Mother			
Last name:	First Name:	Date of birth: (dd/mm/yyyy)	Country of residence:
Name of Spouse			
Last name:	First Name:	Date of birth (dd/mm/yyyy):	Country of residence:
Do you have any children accompanying you to Trinidad and Tobago? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please complete bio-data information for children at Annex 1:			
Do you have any children in your country of origin? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list below:			
Last name:	First name:	Date of birth (dd/mm/yyyy):	Sex:
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Highest level of Education completed: <input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Technical school (post-secondary) <input type="checkbox"/> University			
Education			
Qualification(s):	Name of institution:	Year:	
Employment History: (Begin with the most recent)			
Name and address of employer:	Job Title/Position:	Dates (From (dd/mm/yyyy) to (dd/mm/yyyy))	

SECTION C – ADDITIONAL BACKGROUND INFORMATION		
Are you now or have you ever been a member of the military service? <input type="checkbox"/> Yes/ <input type="checkbox"/> No		
If yes, indicate dates and rank:		
Have you ever been trained in the use of firearms and or other weapons? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been arrested, charged, convicted or sentenced for a crime in Trinidad and Tobago? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give details:		
Have you ever been arrested, charged, convicted or sentenced for a crime in your country of origin or any other country? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give details:		
SECTION D: DETAILS OF TRAVEL		
Did you come to Trinidad and Tobago of your own free will? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What was the purpose of your visit to Trinidad and Tobago?		
<input type="checkbox"/> Vacation <input type="checkbox"/> Visiting Friends <input type="checkbox"/> Business <input type="checkbox"/> Study <input type="checkbox"/> Work <input type="checkbox"/> Other _____		
Date of departure from country of origin (dd/mm/yyyy):	Place of departure (indicate State/province, municipality, city/town):	
Type of transportation: <input type="checkbox"/> Air <input type="checkbox"/> Sea	Travel document used (passport, visa, other): _____ _____	
Indicate if departure from your country of origin was in an irregular way: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you check with Immigration upon arrival in Trinidad and Tobago? <input type="checkbox"/> Yes <input type="checkbox"/> No	Port of entry:	Date of arrival to Trinidad and Tobago (dd/mm/yyyy):
	Airport <input type="checkbox"/> Piarco, Trinidad <input type="checkbox"/> ANR Robinson, Tobago	
	Seaport <input type="checkbox"/> Port of Spain <input type="checkbox"/> Chaguaramas <input type="checkbox"/> San Fernando <input type="checkbox"/> Cedros <input type="checkbox"/> Scarborough <input type="checkbox"/> Other _____	

SECTION E- MEDICAL HISTORY (Please complete the information at Annex 2)		
SECTION F - DECLARATION OF APPLICANT		
<p>I confirm that I have fully read and understood the entire content of this form and all attached documents and I do solemnly and sincerely declare that the information I have provided at ----- on ----- in this form is complete, true and correct.</p> <p style="text-align: center;"><i>(place)</i> <i>(date dd/mm/yyyy)</i></p> <p>I understand that if I have given false or misleading information in this declaration or made a statement in this declaration which I know or believe to be false or do not believe to be true , I am liable to fine and imprisonment under section 40 of the Immigration Act, Chap. 18:01 and my application may be refused, or, if I have been granted a work permit, the permit may be cancelled.</p>		
Name of applicant in block letters:	Signature of Applicant:	Date:
Name of Registration Clerk in block letters:	Signature of Registration Clerk:	Date:
Name of Interpreter in block letters:	Signature of Interpreter:	Date:

ANNEX 1
BIO-DATA INFORMATION FOR MINOR CHILDREN OF
MIGRANTS

	Surname: Date of Birth: Place of Birth: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Nationality: Identity Document No:	
2	First Name: Surname: Date of Birth: Place of Birth: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Nationality: Identity Document No:	Photo
3	First Name: Surname: Date of Birth: Place of Birth: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Nationality: Identity Document No:	Photo
4	First Name: Surname: Date of Birth: Place of Birth: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Nationality: Identity Document No:	Photo

Name in block letters

Signature

Date

Annex 2 MEDICAL HISTORY

PLEASE COMPLETE THIS FORM ON BEHALF OF YOURSELF AND YOUR CHILD/DEPENDENT

a) Are you suffering from any illness? Yes No

If yes, give details:

b) Have you ever suffered from the following:

- Malaria Yes No
- Yellow Fever Yes No
- Tuberculosis Yes No
- Measles Yes No
- Cholera Yes No

c) Have you been vaccinated against:

- Yellow Fever Yes No
- Measles, Mumps, Rubella (MMR) Yes No
- Diphtheria Yes No
- Polio Yes No

d) Have you ever suffered from:

- Typhoid Yes No
- Jaundice Yes No
- Chronic Cough Yes No

Are you now or have you ever suffered from other chronic illnesses?

Yes No

Please state any medication(s) that you are currently taking:

Name in block letters

Signature

Date

Dated this 24th day of May, 2019.

S. YOUNG
Minister of National Security