APPLICATION FOR PERMANENT RESIDENCE PERMIT [Section 11 of the Immigration Act 2022] APPLICATION FORM FOR RETIRED NON-CITIZEN

SECTION 1: PERSONAL DETAILS OF APPLICANT

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1.1 Surname		
1.2 Other Names		
1.3 Maiden Name (If any)		
1.4 Any Previous Name		
1.5 Gender: Male Femal	e 1.6 Marital Status	s: Single Married Divorced
1.7 Date of birth Day Month Year	1.8 Place of birth	
1.9 Present Nationality		
1.10 Any other nationality held	t	1.11 Date acquired
		Day Month Year
1.12 Passport No.		1.14 Date of issue Day Month Voor
1.13 Issuing country		1.14 Date of issue Day Month Year
		1.15 Date of expiry Day Month Year
1.16 Occupation Permit or Re	sidence Permit No.	1.17 Date of issue Day Month Year
		1.18 Date of expiry Day Month Year
1.19 Residential address in yo	our country of origin or last reside	nce outside Mauritius
Tel No.	Fax	No. No.
Mobile No.		
1.20 Residential address in M	auritius	
Tel No.	Fax No.	
Mobile No.		
1.21 Email address:		

SECTION 2 - DETAILS OF ACCOMPANYING SPOUSE AND DEPENDENTS (IF ANY)

2.1. Full name:		Relation:
Gender: Da	ate of birth:	Place of birth:
Passport No.:	Date of issue:	Date of expiry:
2.2. Full name:		Relation:
Gender: Da	ate of birth:	Place of birth:
Passport No.:	Date of issue:	Date of expiry:
2.3 Full name:		Relation:
Gender: Da	ate of birth:	Place of birth:
Passport No.:	Date of issue:	Date of expiry:
O.A. Full comes		Deletion
		Relation:
Gender: Da	ate of birth:	Place of birth:
Passport No.:	Date of issue: .	Date of expiry:
2.5. Full name:		Relation:
Gender: Da	ate of birth:	Place of birth:
Passport No:	Date of issue: .	Date of expiry:

SECTION 3 - SUPPORTING DOCUMENTS CHECKLIST

Please tick (\square) the relevant boxes to show which documents have been submitted along with your application.

You should provide original and one copy of each document.

Four recent identical colour passport size photographs (not older than three months) Previous original Residence Permit(s) as Retired non-citizen (will be returned after verification). Current original Occupation, Work and/or Residence Permit (not applicable for accompanying spouse dependents). Certificate from a medical practitioner in Mauritius that you are not suffering from any infectious or contag disease. A sworn affidavit to the effect that the applicant has not been convicted in his/her country of origin and/or residence of any criminal offence for the past 10 years. Certificate from your bank attesting that you have transferred a minimum of USD 54,000 or its equivalent in from the past 10 years.	nd
Current original Occupation, Work and/or Residence Permit (not applicable for accompanying spouse dependents). Certificate from a medical practitioner in Mauritius that you are not suffering from any infectious or contag disease. A sworn affidavit to the effect that the applicant has not been convicted in his/her country of origin and/or residence for the past 10 years.	nd
dependents). Certificate from a medical practitioner in Mauritius that you are not suffering from any infectious or contag disease. A sworn affidavit to the effect that the applicant has not been convicted in his/her country of origin and/or reside of any criminal offence for the past 10 years.	nd
disease. A sworn affidavit to the effect that the applicant has not been convicted in his/her country of origin and/or resident of any criminal offence for the past 10 years.	
of any criminal offence for the past 10 years.	ous
Certificate from your bank attesting that you have transferred a minimum of USD 54 000 or its equivalent in fr	ıce
convertible foreign currency during the period of 3 years preceeding the application. (Not applicable accompanying spouse and dependents).	
A non-refundable application fee of USD 50 per person should be accompanied by each application. fee must be paid by Debit Card at the Cashier's office of the Prime Minister's Office, New Government Cer Port Louis. A receipt will be issued and should be produced to the Residence Permit Section.	

SECTION 4 - DECLARATION

I declare that all the correct. I understand Residence Permit.	and tha		Ū				• •										l	
Full name of applic	cant:																	
Signature of Applic	cant: .							 	••••	 								
Date:	Day	<u> </u>	 Mont	 n][Ye	 ear												