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GRENADASTATUTORY RULES AND ORDERS NO. 17 OF 2013

THE MINISTER IN EXERCISE OF THE POWERS CONFERRED ON HIM OR HER BY SECTION 16 OF THE GRENADA CITIZENSHIP BY INVESTMENT ACT NO. 15 OF 2013, MAKES THE FOLLOWING REGULATIONS—

(Gazetted 13th September, 2013)

**1. Citation.** These Regulations may be cited as the

GRENADA CITIZENSHIP BY INVESTMENT REGULATIONS, 2013.

**2. Definitions.** In these Regulations—

“Act” means the Grenada Citizenship by Investment Act No. 15 of 2013;

“Application forms” means the forms as set out in Schedule II;

“Fees” means the fees as set out in Schedule I.

**3. Fees.** The fees required for the Grenada Citizenship by Investment programme as provided under the Act, shall be the fees as set out in Schedule I of these Regulations.

**4. Application for Citizenship by Investment and Permanent Residence by Investment.** An application by an applicant to become a citizen of Grenada or Permanent Resident under the Grenada Citizenship by Investment Programme pursuant to section 5 of the Act, shall be in the form set out as Form I in Schedule II.

**5. Application form for Local Agent Licence.** An application for a Local Agent Licence pursuant to section 4 of the Act, shall be in the form set out as Form II in Schedule II.

**6. Application form for Marketing Licence.** An application for a Marketing Licence pursuant to section 13(1) of the Act, shall be in the form set out as Form III in Schedule II.

**7. Notice of intent to revoke a Permanent Residence or Citizenship by Investment.** A notice of intent to revoke a Permanent Residence or Citizenship by Investment shall be in the form set out as Form IV in Schedule II.

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**8. Notice of intent to revoke a Local Agent Licence.** A notice of intent to revoke a Local Agent Licence shall be in the form set out as Form V in Schedule II.

**9. Notice of intent to revoke a Marketing Licence.** A notice of intent to revoke a Marketing Licence shall be in the form set out as Form VI in Schedule II.

**10. Certificate of Licence for Local Agent under section 4 of the Act.** A Certificate of Licence for a local agent shall be in the form set out as Form VII in Schedule II.

**11. Certificate of Licence for Marketing Agent under section 10 or 11 of the Act.** A Certificate of Licence for a Marketing Agent pursuant to section 10 or 11 of the Act shall be in the form set out as Form VIII in Schedule II.

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## SCHEDULE I

### FEES

\$US

Application for Permanent Residence by Investment	\$ 750.00
Application for Citizenship by Investment by a person previously granted Permanent Residence by Investment, after twelve (12) months of obtaining Permanent Residence	\$ 750.00
Application for Citizenship by Investment by a person not previously granted Permanent Residence by Investment	\$1,500.00

### Guidelines Schedule 1

The above-mentioned fees shall be due to Local Agents as licensed according to Section 4 of the Act. These fees shall be due and owing from the Government and shall not be included with fees charged to applicants, or due and owing from applicants. The fee that is due and owing may, with the approval of the Minister of Finance, be subtracted from the escrowed amount prior to transmission of said escrowed amount to the Ministry of Finance or to the fund or funds designated by the Minister for receipt of such funds.

**Processing and Due diligence fees**

	\$US
Processing fee – Principal applicant	\$1,500.00
Processing fee - Spouse	\$500.00
Processing fee – Dependent child aged 0-11	\$100.00
Processing fee – Dependent child aged 12-17	\$100.00
Processing fee – Dependent child aged 18-25	\$200.00
Processing fee – Dependent parent aged over 65	\$100.00
Due diligence fee – Principal applicant	\$3,000.00
Due diligence fee – Spouse	\$500.00
Due diligence fee – Dependent child aged 0-11	-
Due diligence fee - Dependent child aged 12-17	\$150.00
Due diligence fee - Dependent child aged 18-25	\$2,500.00
Due diligence fee – Dependent parent aged over 65	\$250.00
Due diligence fee – Dependent parent aged 64 or younger	\$2,500.00

**Guidelines****(i) Citizenship by Investment**

The above mentioned fees shall be paid by the Applicant for Citizenship by Investment at the time of the application. Fees shall be paid to Agents licensed by the Government to accept applications and shall be transmitted to the Committee by the Agent with the application.

An applicant shall be given credit toward the above fees in the sum of any amount previously paid by the applicant which related to obtaining a Permanent Residence by Investment if an application for Citizenship by Investment is made within twelve (12) months of obtaining their Permanent Residence by Investment, less any interest owed on the difference between the amount set forth above and the fees listed in (ii) and described in (iii).

**(ii) Permanent Residence by Investment (U.S. Dollars)**

Fees for Permanent Residence by Investment shall be paid at the time of application to an Agent licensed by the Government to accept such applications and shall be transmitted to the Committee by the Agent with the application.

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**(iii) Interest on Fees for Citizenship by Investment**

In addition to any other investment or fees due, an applicant for Citizenship by Investment who first acquires Permanent Residence by Investment shall pay to an Escrow Agent licensed by the Government to accept such applications, interest on that amount of money that is the difference between all fees due, including the fees set forth in this Schedule but with credit for the amount set forth in Schedule 2(2) above, in the amount of ten percent (10%) annually, calculated on a monthly basis for all months following the first day of the next calendar month.

**Fees for application for Local Agents Licence**

Application for Local Agent Licence	\$500.00 U.S
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**Qualifying investment for National transformation fund and approved project investment**

National Transformation Fund (Permanent Resident)	\$75,000.00 U.S
National Transformation fund (after 12 months of acquiring Permanent Residence) - Citizenship by Investment	\$125,000.00 U.S
Approved project investment	Minimum of \$500,000.00 U.S

**SCHEDULE II****FORM I**

**GOVERNMENT OF GRENADA**  
**CITIZENSHIP AND/OR PERMANENT RESIDENCE BY INVESTMENT**  
**APPLICATION CHECKLIST**

M1. Surname (family) name as shown in passport		M2. First (given) name(s) as shown in passport	
Country of Birth		Nationalities	
Home Address		Current Country of Residence	
M8. Passport Number		M9. Passport Country and date of issue ( issued by)	M10. Passport expiry date
Applicant Only	All <input type="checkbox"/>	Description	
<input type="checkbox"/>		Annex 1 – Registration for use of Electronic Signatures	
	<input type="checkbox"/>	Annex 2 - Application Form – Family Members	
	<input type="checkbox"/>	Annex 3 – Application for Citizenship or Permanent Residence	
	<input type="checkbox"/>	Annex 4 – Privacy and Information Release Form	
	<input type="checkbox"/>	Annex 5 – Criminal Records Verification	
	<input type="checkbox"/>	Annex 6 – Birth or Adoption Records	
	<input type="checkbox"/>	Annex 7 – Verification of Support of Dependents over the age of 18	
	<input type="checkbox"/>	Color copy of all passports possessed (first 3 and last 3 pages of each)	
	<input type="checkbox"/>	Color copy of all current national identity cards possessed	
<input type="checkbox"/>		Certified copy of marriage and divorce certificates	

<input type="checkbox"/>		Professional Reference
<input type="checkbox"/>		Bank Reference
<input type="checkbox"/>		Annex 8 – Medical Health Certification
	<input type="checkbox"/>	Annex 9 – Statement of Source of Funds
	<input type="checkbox"/>	Form 7 - Verification of support documents for children over 18 (if there are such children)
	<input type="checkbox"/>	Certified college or university transcripts for children over 18 (if there are such children)

ANNEX I

### CITIZENSHIP AND PERMANENT RESIDENCE BY INVESTMENT REGISTRATION OF ELECTRONIC SIGNATURES

M1. Surname (family) name as shown in passport		M2. First (given) name(s) as shown in passport	
M3. Place and country of birth		M4. Date of birth <u>      </u> <u>      </u> <u>      </u> day month year	M5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
M6. Home Address		M7. Country of Residence	
M8. Passport Number		M9. Passport issued by/ Country and date of Issue	M10. Passport expiry date
NOTE: This document must be signed under oath and witnessed by a person who is a notary, an attorney licensed to practice law in the jurisdiction where signed, a public official empowered to take oaths in the jurisdiction where the Registration is signed, an Agent licensed under this Act, or a marketing agent licensed or sub-licensed under the Act and these Regulations.			
Description of Electronic Signature proposed to be used by Applicant:		Electronic Document Certifying Authority:	
I, _____, hereby swear or affirm		I hereby swear or affirm under penalty of perjury that the	

<p>under penalty of perjury that the information provided above is true and accurate to the best of my knowledge and belief. I understand I must read and understand every document to which my signature is electronically made.</p> <p>_____ Signature</p> <p>_____ Date mm/dd/yyyy</p>	<p>person signing this document has appeared personally before me, or has provided identification sufficient to establish his or her identity, and has affirmed to me that the information provided is true and accurate. I affix my seal or stamp to this document in evidence thereof, or affirm that I am a person listed in the note above.</p> <p>_____ Signature</p> <p>_____ Date mm/dd/yyyy</p> <p>_____ Title or Position</p>
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## ANNEX 2

## APPLICATION FORM

**CITIZENSHIP OR PERMANENT RESIDENCE BY INVESTMENT—  
FAMILY MEMBERS**

A1. Surname (family) name as shown in passport		A2. First (given) name(s) as shown in passport	
A3. Place and country of birth		A4. Date of birth <u>      </u> <u>      </u> <u>      </u> day month year	A5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
A6. Home Address		A7. Country of Residence	
A8. Passport Number		A9. Passport issued by	A10. Passport expiry date
<p>A11. Please list all family members who will be included with you under the same application. Please identify the category of each spouse or dependent individually as follows:</p> <p>(1) spouse (2) son or daughter aged 0 – 11 years (3) son or daughter aged 12 – 17 years (4) son or daughter aged 18 – 25 years (5) parent (6) other (identify with specificity)</p>			
Surname (family name)	First (given) name	Relationship to main applicant	Category

PLEASE NOTE THAT ADDITIONAL INFORMATION FORMS MUST BE COMPLETED FOR EACH APPLICANT LISTED ABOVE		A12. Number of listed persons (not including main applicant)	

I hereby certify that the information given above is true and accurate to the best of my knowledge and belief and hereby certify that I have read and understood the form checklist and read and understood all forms identified in that checklist and any attachments to those forms, and all of the questions and information contained within them. I certify that all information provided is true and complete and up to date. I understand that becoming a citizen of Grenada may affect my citizenship or residence status in other countries.

.....  
Date (mm/dd/yyyy)

.....  
*Signature of Applicant*

.....  
*Printed name of applicant*



## ANNEX 3

## CITIZENSHIP OR PERMANENT RESIDENCE BY INVESTMENT IN GRENADA

### APPLICATION FORM

**A copy of this form must be completed and filed for each family member applying under the Grenada Citizenship by Investment programme, for either citizenship or permanent residence status.**

F1. Surname (family) name	F2. First (given) name(s)	
Former Names		
F3. Place and country of birth	F4. Date of birth <div style="display: flex; justify-content: space-between; font-size: small;"> <span>day</span> <span>month</span> <span>year</span> </div>	F5. Gender <div style="display: flex; justify-content: space-between; font-size: small;"> <input type="checkbox"/> Male           <input type="checkbox"/> Female         </div>
Nationalities	Current Country of Residence	
Home Address	Telephone Numbers	Email Address
Mailing Address (if different from home address)		
Passport Number	Date and Country of Issue	Expiry Date

With full understanding and without reservation or legal impediment, I hereby apply to become (check only one):

☐ A citizen of Grenada;

☐ A permanent resident of Grenada;

under and by virtue of the Citizenship by Investment Act of Grenada.

If there is any change in the circumstances of any person listed in the cover sheet to this application, I will send a written notice to the Agent who submitted my application and also to the Minister of Foreign Affairs of Grenada explaining the circumstances thereof.

In the event that the honour of citizenship in Grenada is granted to me, I solemnly pledge that:

- I will faithfully and carefully observe the laws of Grenada at all times;
- I will conduct myself in such manner as will bring no dishonor to Grenada or its people;
- I will not act in any way against the best interests of Grenada;

I hereby confirm that I will abide in all respects with the provisions of the Grenada Citizenship by Investment Act. I am prepared to unconditionally proceed with the Investment or Contribution described in my application.

.....  
Date (mm/dd/yyyy)

.....  
*Signature of Applicant*

.....  
*Printed Name of Applicant*

ANNEX 4

## CITIZENSHIP OR PERMANENT RESIDENCE BY INVESTMENT IN GRENADA

### PRIVACY AND INFORMATION RELEASE FORM

A1. Surname (family) name as shown in passport	A2. First (given) name(s) as shown in passport	
A3. Place and country of birth	A4. Date of birth <div style="display: flex; justify-content: space-between; width: 100px;"> <div>day</div> <div>month</div> <div>year</div> </div>	A5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
A8. Passport Number	A9. Passport issued by	A10. Passport expiry date
Home Address	Contact Information	Email Address

I hereby authorize, without reservation, the Government of Grenada and/or any agents or representatives that the Government may appoint to;

- 
- (i) verify information about me and my spouse, children, and parents (where said persons are listed on the cover sheet to this application)
  - (ii) or retain, and obtain further information, including credit reports, police records, Interpol records, electronic records, and records of any kind, about me and my children that the Government may determine to be relevant to this application. I understand that such information and records may be obtained from public information, public documents, records of any government, government agencies, and private agencies or bodies.

I hereby authorize;

- (i) any agency, person, body, entity, or party, contacted by the Government of Grenada or any agents or representatives that the Government may retain or appoint, to furnish the requested records, information, or reports about me or my spouse and my children, and release all parties from any responsibility or liability from requesting or furnishing said records or information.
- (ii) to release any information about me contained in this application, in the forms of this application, and other information obtained by the Government of Grenada of any personal information about me or my spouse or my children 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 deciding whether to grant Permanent Residence status or Citizenship status to me or my spouse or my children or for such other purposes as are set forth in the laws of Grenada.

.....  
Date (mm/dd/yyyy)

.....  
*Signature of Applicant*

.....  
*Printed name of applicant*

## ANNEX 5

# CITIZENSHIP OR PERMANENT RESIDENCE BY INVESTMENT IN GRENADA

## CRIMINAL RECORDS VERIFICATION.

M1. Surname (family) name as shown in passport	M2. First (given) name(s) as shown in passport	
M3. Place and country of birth	M4. Date of birth <div> <div>day</div> <div>month</div> <div>year</div> </div>	M5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
M6. Home Address	M7. Country of Residence	
M8. Passport Number	M9. Passport issued by	M10. Passport expiry date
<p>Police Certificates must be less than 6 months old and must state whether there are any records evidencing criminal activities or convictions of the person identified above. Each certificate must be attached to this form when submitted, and if the application is submitted electronically, a scanned copy of sufficient resolution or format to be printed clearly must be provided.</p>		
<p>CR1. <input type="checkbox"/> Attached is a true copy (true copies) of police certificate(s) from my country of citizenship and from the country of citizenship of any person listed in the application as a spouse or dependent (unless that person has never lived in the country of citizenship and can provide full information substantiating that fact) and from every country in which I and the other persons listed have lived more than one (1) year during the past ten (10) years. <b>NOTE: Certificates must be provided for ALL applicants and family members listed.</b></p>		
<p>CR2. <input type="checkbox"/> I am unable to provide a police certificate required by CR1 for the reason(s) stated below in CR3. Attached is a true copy (true copies) of police certificate(s) from my country of citizenship (unless applicant has never lived in that country) and from every country in which I have lived more than one (1) year during the past ten (10) years. I explain below the circumstances regarding my inability to obtain such records and detail my efforts to obtain them. <b>NOTE: Check this box if ANY police certificate required by CR1 is unavailable</b></p>		
<p>CR3. <input type="checkbox"/> I, the person signing this form, verify that I have never been convicted of a crime or charged with any criminal offense other than those listed in the police certificates attached to this form <b>NOTE: If this box is left unchecked, please explain below or on a separate sheet, the circumstances of the charge or conviction and the current state of prosecution or penal supervision.</b></p>		
<p>CR3. Explanatory Information in English and in Native Language. USE SEPARATE SHEET IF NECESSARY.</p>		
<div> <div> Date (mm/dd/yyyy) </div> <div> <div></div> <div>Printed name of applicant</div> </div> </div>		

*NOTE: One form must be completed for each person listed on the application.*

M1. Surname (family) name as shown in passport	M2. First (given) name(s) as shown in passport	
Former Surname (If any)	Former First Name (s)	
Name Changed by <div> <input type="radio"/> Deed Poll  <input type="radio"/> Affidavit  <input type="radio"/> Adoption  <input type="radio"/> Marriage         </div>		
M3. Place and country of birth	M4. Date of birth <div>day   month   year</div>	M5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
M6. Home Address	M7. Country of Residence	
M8. Passport Number	M9. Passport issued by	M10. Passport expiry date
<p><input type="checkbox"/> B1. I have attached to this form an original excerpt of my birth certificate or a certified copy of my full birth certificate, showing my parents' details, my name or my family or household register, family book, or similar document.</p> <p><input type="checkbox"/> B2. I have attached a copy of any official change of name (including marriage certificate where my name was changed) or I certify that I have never changed my name.</p> <p>If BOX B1 and B2 are not both checked, please explain the reasons and circumstances in the space below.</p>		
<div> <div>Date (mm/dd/yyyy)</div> <div>Printed name of person identified above</div> </div>		

## ANNEX 7

**CITIZENSHIP OR PERMANENT RESIDENCE BY INVESTMENT IN  
GRENADA**

**VERIFICATION OF SUPPORT OF  
DEPENDENTS OVER THE AGE OF 18**

I, [name], being the main applicant for an application for (check one):

☐ citizenship by investment,

☐ permanent residence by investment,

declare, under penalty of perjury, that the persons listed below are dependent on me for their support.

An official transcript or written confirmation from an accredited university or college of further education evidencing the enrollment at the time of application is provided for each person below and attached to this form.

_____ (name)	_____ (date of birth)	_____ (relationship)
_____ (name)	_____ (date of birth)	_____ (relationship)
_____ (name)	_____ (date of birth)	_____ (relationship)
_____ (name)	_____ (date of birth)	_____ (relationship)
_____ (name)	_____ (date of birth)	_____ (relationship)

Sworn to and signed by me under penalty of perjury this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_ :

\_\_\_\_\_

\_\_\_\_\_

*(print name)*

## ANNEX 8

## CITIZENSHIP OR PERMANENT RESIDENCE BY INVESTMENT IN GRENADA

### MEDICAL HEALTH CERTIFICATION

The medical health certification must be completed by a registered medical practitioner and signed by a licensed physician or physician's assistant authorized by law to perform medical examinations without supervision.

#### ONE MEDICAL HEALTH CERTIFICATION IS REQUIRED FOR EACH PERSON (INCLUDING CHILDREN) WHO WILL BE APPLYING.

*The medical practitioner must certify that he or she knows the identity of the person either through past personal or professional relationship or by examining identification documents sufficient to satisfy the practitioner of the identity of the subject of the examination.*

M1. Surname (family) name as shown in passport	M2. First (given) name(s) as shown in passport	
M3. Place and country of birth	M4. Date of birth <div style="display: flex; justify-content: space-between; width: 100%;"><div>day</div><div>month</div><div>year</div></div>	M5. Gender <div style="display: flex; justify-content: space-between;"><span><input type="checkbox"/> Male</span><span><input type="checkbox"/> Female</span></div>
M6. Home Address	M7. Country of Residence	
M8. Passport Number	M9. Passport issued by	M10. Passport expiry date
The medical examiner must ask the following questions and mark the answers given. If the answer to any question is yes, then details must be provided including medical diagnosis and dates.		
M11. Do you currently have any serious health problems or issues?		<input type="checkbox"/> Yes <input type="checkbox"/> No
M12. Have you visited a doctor within the past three years other than for routine check-ups?		<input type="checkbox"/> Yes <input type="checkbox"/> No
M13. Have you been admitted to a hospital or other medical care facility for treatment or diagnosis within the past five years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
M14. Do you suffer from tuberculosis, hepatitis, typhoid, or other communicable disease?		<input type="checkbox"/> Yes <input type="checkbox"/> No
M15. Have you been diagnosed as having HIV, HTLV, AIDS or AIDS related conditions, or any immune deficiency syndrome?		<input type="checkbox"/> Yes <input type="checkbox"/> No

M16. Do you suffer or have you ever suffered from any nervous or mental illness or disorder?		<input type="checkbox"/> Yes <input type="checkbox"/> No
The medical examiner must examine the applicant generally and provide the following information. Please provide details if the answer to any question is yes.		
M17. Height (in cm)	M18. Weight (in kg)	M19. Vision impaired and not corrected <input type="checkbox"/> Yes <input type="checkbox"/> No
M20. <b>Cardiovascular</b> —Any sign of abnormalities including blood pressure, pulse, heart murmurs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
M21. <b>Digestive system and abdomen</b> —Any signs of abnormalities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
M22. <b>Musculoskeletal system</b> —Any signs of abnormalities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
M23. <b>Urogenital system</b> —Any signs of abnormalities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
M24. <b>Endocrine system</b> —Any signs of abnormalities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
M25. <b>Nervous system and sense organs</b> —Any signs of abnormalities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
M26. <b>General health and other systems</b> —Any signs of abnormalities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
M27. <b>Skin, nails, and hair</b> —Any signs of abnormalities or disease?		<input type="checkbox"/> Yes <input type="checkbox"/> No
M28. <b>Comments and final evaluation</b>		
M29. <i>NOTE: Medical examiner must review the results of an HIV/AIDS test that correctly identifies this applicant and that was performed <u>within three (3) months</u> of the examination. Please check NO only if the test was unambiguously negative, and check YES otherwise, with remarks in the comments and evaluation section or on a separate sheet.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
M30. Full name of medical examiner		M31. Organization
M32. Position and title		M33. Address
M34. Practitioner license number or certification		
M35. Telephone number		M36. Fax number
I hereby confirm that I have identified, questioned, and examined the applicant and have answered all of the questions and supplied all of the information to the best of my knowledge and in good faith.		
Medical examiner signature and stamp:		
M38. Date of examination <u>      </u> day <u>      </u> month <u>      </u> year		M37. Place of examination



## ANNEX 9

## CITIZENSHIP OR PERMANENT RESIDENCE BY INVESTMENT IN GRENADA

### STATEMENT OF SOURCE OF FUNDS

M1. Surname (family) name as shown in passport	M2. First (given) name(s) as shown in passport	
M3. Place and country of birth	M4. Date of birth <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>day</span> <span>month</span> <span>year</span> </div>	M5. Gender <div style="margin-top: 5px;"> <input type="checkbox"/> Male   <input type="checkbox"/> Female         </div>
M6. Home Address	M7. Country of Residence	
M8. Passport Number	M9. Passport issued by	M10. Passport expiry date
Dollar Amount of Funds to be used for Investment or Contribution in Grenada (U.S. Dollars)	Deposit Institution currently holding the funds in at least the amount specified in F11	
Please provide a description of the source of the funds specified in F11 above. <div style="height: 150px; border: 1px solid black; margin-top: 5px;"></div>		
I herby certify under penalty of perjury that none of the funds specified in F11 above were obtained as the result of any illegal activity, and do not represent the proceeds of any illegal or improper activity, or any terrorist activity and that transfer of these funds to Grenada will not violate any law or legal obligation. <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date (mm/dd/yyyy) </div> <div style="width: 45%; text-align: right;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Printed name of person identified </div> </div> </div>		

**FORM II****GOVERNMENT OF GRENADA****CITIZENSHIP BY INVESTMENT ACT****SECTION 4(2)****CITIZEN BY INVESTMENT COMMITTEE****APPLICATION FOR LOCAL AGENT LICENSE****Form II**

1. Name of Applicant (where the applicant is a natural Person)	2. Address
3. Telephone Contact Information Home  Office  Cell:	4. Applicant's Email Address
5. Relevant Qualifications/Experience ( a CV may be required to be attached to this application)	6. Relevant Resources available if any
7. Name of Company	8. Date of Incorporation
9. Registered Address	10. Mailing address
11. Name of Insurance Company	12. Policy of Insurance ( Attorney Indemnity insurance/indemnity bond)
13. Amount Insured	14. Duration of Insurance/Expiration of Insurance
15. I certify that I, am authorized to state that we, have <ul style="list-style-type: none"> <li>○ The ability, resources experience and integrity to execute the responsibilities as required in the Act</li> <li>○ paid the requisite fee as specified in the Regulations</li> <li>○ read and understand the Grenada Citizenship by Investment Act and am capable of performing all and any duties as specified by the Act</li> </ul>	

<ul style="list-style-type: none"> <li>○ attached all relevant documentation pertaining to the information stated above</li> <li>○ established or will establish upon approval an escrow account for the purpose of controlling and managing monies for any investment as provided under the provisions of the Act.</li> </ul>	
<p>16. I hereby apply under the Grenada Citizenship by Investment Act, 2013 (as amended) to be appointed as Local Agent declaring that the information provided is true and correct</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/>.</p>	
Print Name	Capacity
Signature	Date

### Guidelines for Applying

1. Application must be fully completed before submission
2. Application must be done (if not typed) in either blue or black ink and must be legible
3. Submission of completed application must be made to the Citizen by Investment Committee.
4. Application form must be signed and dated by someone so authorized to do

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5. If there is insufficient space the additional information should be stated on another sheet of paper, with the correct number for ease of reference and attached to the application form.
  6. Income Tax clearance
  7. The following documentation must accompany the application based on relevancy
    - a. Applicant is a natural person
      - i. Curriculum Vitae
      - ii. Bank references
      - iii. Insurance Policy/ Indemnity bond
    - b. Applicant is a Company
      - i. Articles of Incorporation
      - ii. Certificate of Incorporation
      - iii. Power of Attorney of Authorized officers if necessary
      - iv. Insurance Policy/ Indemnity bond

**FORM III**

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**GOVERNMENT OF GRENADA**

**CITIZENSHIP BY INVESTMENT ACT**

**SECTION 13(2)**

**CITIZEN BY INVESTMENT COMMITTEE**

**APPLICATION FOR MARKETING AGENT LICENSE**

1. Name of Applicant (where applicant is a natural person)	2. Address
3. Contact Information  Home  Office  Cell	4. Applicant's Email Address
5. Relevant Qualifications/Experience (attach CV)	6. Relevant Resources Available
7. Name of Company	8. Date of Incorporation
	9. Date of Local Registration where registered
10. Registered Address	11. Local Address ( If it is a Foreign Company)
<p>12. I certify that , am authorized to state that we, have;</p> <ul style="list-style-type: none"> <li>○ The ability, resources experience and integrity to execute the responsibilities as required in the Act</li> <li>○ paid the requisite fee as specified in the Regulations</li> <li>○ read and understand the Grenada Citizenship by Investment Act and am capable of performing all and any duties as specified by section 13 of the Act</li> <li>○ attached all relevant documentation pertaining to the information stated above</li> <li>○ agreed to indemnify the Government of Grenada with regard to any cause of action arising from my action or that of a sub-licencee.</li> </ul>	

<input type="checkbox"/> I hereby apply under the Grenada Citizenship by Investment Act, 2013 to be appointed as Marketing Agent declaring that the information provided is true and correct	
<input type="checkbox"/>	
Print Name	Title/ Capacity
Signature	Date

**Guidelines for Applying**

1. Application must be fully completed before submission
2. Application must be done (if not typed) in either blue or black ink and must be legible
3. Submission of completed application must be made to the Citizen by Investment Committee.
4. Application form must be signed and dated by someone so authorized to do
5. If there is insufficient space the additional information should be stated on another sheet of paper, with the correct number for ease of reference and attached to the application form.
6. The following documentation must accompany the application based on relevancy

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a. Applicant is a natural person

- i. Curriculum Vitae
- ii. Bank references
- iii. Insurance Policy

b. Applicant is a Company

- i. Articles of Incorporation
- ii. Certificate of Incorporation
- iii. Power of Attorney of Authorized officers if necessary
- iv. Banking Reference
- v. Insurance policy/ Indemnity bond
- vi. Experience of the Company relevant to Application

FORM IV

**GOVERNMENT OF GRENADA**

**MINISTRY OF NATIONAL SECURITY**

TO: [name]

[address]

**NOTICE OF INTENT TO REVOKE [CITIZENSHIP/PERMANENT  
RESIDENCE]**

WHEREAS \_\_\_\_\_ was granted [citizenship/a permanent resident] according to the provisions of the Citizenship by Investment Act of 2013 on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, and

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WHEREAS certain information has been presented to the Ministry set forth below and the holder of a citizenship/permanent resident by investment has:

[ ] provided false information or a material lack of information relating to the application for said status under law,

[ ] failed to maintain and no longer satisfies the requirements of the said Act,

[ ] statement of additional/other reasons:

**YOU ARE HEREBY NOTIFIED** THAT the Minister has determined that your [citizenship/permanent resident status] should be REVOKED, and

**YOU ARE HEREBY REQUIRED** to respond in writing submitted by you or by an attorney licensed to practice law in Grenada, within a period of not less than 30 days after receipt of this notice setting forth the reasons why the said revocation should not be made. Failure to respond in writing to this notice will be considered sufficient reason that said revocation is valid.

By my Hand and Seal this \_\_\_\_ day of \_\_\_\_\_, 2013:

*Minister of National Security  
Government of Grenada*

FORM V

**GOVERNMENT OF GRENADA**

**MINISTRY OF NATIONAL SECURITY**

TO: [name]

[address]

**NOTICE OF INTENT TO REVOKE [LOCAL AGENT LICENCE]**

WHEREAS \_\_\_\_\_ was granted [Local Agent Licence] according to the provisions of the Citizenship by Investment Act of 2013 on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and



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WHEREAS certain information has been presented to the Ministry set forth below and the local agent has not met the required standards:

[ ] if his or her ability, resources, experience or integrity of the Agent has fallen below the standard that might reasonably be expected;

[ ] the fees specified in the Regulations remains unpaid for fourteen days after it has become due;

[ ] has not maintained a registered office in Grenada;

[ ] statement of additional/other reasons;

**YOU ARE HEREBY NOTIFIED THAT** the Minister has determined that your Local Agent Licence should be REVOKED, and

**YOU ARE HEREBY REQUIRED** to respond in writing submitted by you or by an attorney licensed to practice law in Grenada, within a period of not less than 30 days after receipt of this notice setting forth the reasons why said revocation should not be made. Failure to respond in writing to this notice will be considered sufficient reason that said revocation is valid.

By my Hand and Seal this \_\_\_\_ day of \_\_\_\_\_, 2013:

*Minister of National Security  
Government of Grenada*

FORM VI

**GOVERNMENT OF GRENADA**

**MINISTRY OF NATIONAL SECURITY**

TO: [name]

[address]

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**NOTICE OF INTENT TO REVOKE [MARKETING AGENT LICENCE]**

WHEREAS \_\_\_\_\_ was granted [a marketing agent] according to the provisions of the Citizenship by Investment Act of 2013 on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and

WHEREAS certain information has been presented to the Ministry set forth below and the Marketing Agent:

[ ] no longer satisfy the requisite provisions of the Act;

[ ] statement of additional/other reasons;

**YOU ARE HEREBY NOTIFIED THAT** the Minister has determined that your [marketing licence] should be REVOKED, and

**YOU ARE HEREBY REQUIRED** to respond in writing submitted by you or by an attorney licensed to practice law in Grenada, within a period of not less than 30 days after receipt of this notice setting forth the reasons why said revocation should not be made. Failure to respond in writing to this notice will be considered sufficient reason that said revocation is valid.

By my Hand and Seal this \_\_\_\_ day of \_\_\_\_\_, 2013:

*Minister of National Security  
Government of Grenada*

FORM VII

**GOVERNMENT OF GRENADA  
OFFICE OF THE PRIME MINISTER**

**Pursuant to the Grenada Citizenship by Investment Act, No. 15 of 2013**

**KNOW ALL BY THESE PRESENTS**

2013

*Grenada Citizenship by Investment Regulations*

SRO. 17

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That \_\_\_\_\_ is hereby granted a Local Agent License under Section 4 of the Citizenship by Investment Act to serve as a Local Agent under the Grenada Citizenship by Investment Programme for the purpose of representing applicants to the said Programme and

To perform such duties as are set forth in section 4 of the said Act.

By my Hand and Seal this \_\_\_\_ day of \_\_\_\_\_, 2013:

Prime Minister  
Government of Grenada

FORM VIII

**GOVERNMENT OF GRENADA**

**OFFICE OF THE PRIME MINISTER**

**Pursuant to the Grenada Citizenship by Investment Act, No. 15 of 2013**

**KNOW ALL BY THESE PRESENTS**

That \_\_\_\_\_ is hereby granted a Marketing License under Section 13 of the Citizenship by Investment Act to Promote and Market the Grenada Citizenship by Investment Programme as set forth in section/s \_\_\_\_ and \_\_\_\_ of the Act, and

That \_\_\_\_\_ is further granted the Power to grant such sub-Licenses as are consistent with the Act.

By my Hand and Seal this \_\_\_\_ day of \_\_\_\_\_, 2013:

Prime Minister  
Government of Grenada

Made this 11th day of September, 2013.

KEITH MITCHELL  
*Minister responsible for Citizenship.*

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GRENADA

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