

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			
<b>FAMILY INFORMATION</b>			
<b>Name of Father</b>			
Last name:	First name:	Date of birth (dd/mm/yyyy):  Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of residence:
<b>Name of Mother</b>			
Last name:	First Name:	Date of birth: (dd/mm/yyyy)	Country of residence:
<b>Name of Spouse</b>			
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
<b>Highest level of Education completed:</b>  <input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Technical school (post-secondary) <input type="checkbox"/> University			
<b>Education</b>			
Qualification(s):	Name of institution:	Year:	
<b>Employment History:</b> (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:		Travel document used (passport, visa, other):
<input type="checkbox"/> Air <input type="checkbox"/> Sea		_____ _____ 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	<b>Port of entry:</b>  <b>Airport</b> <input type="checkbox"/> Piarco, Trinidad <input type="checkbox"/> ANR Robinson, Tobago  <b>Seaport</b> <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 _____	Date of arrival to Trinidad and Tobago (dd/mm/yyyy):

<b>SECTION E- MEDICAL HISTORY (Please complete the information at Annex 2)</b>		
<b>SECTION F - DECLARATION OF APPLICANT</b>		
<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; margin-left: 150px;"><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:	<b>Photo</b>
3	First Name: Surname: Date of Birth: Place of Birth: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Nationality: Identity Document No:	<b>Photo</b>
4	First Name: Surname: Date of Birth: Place of Birth: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Nationality: Identity Document No:	<b>Photo</b>

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 Name in block letters

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 Signature

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 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*