CITIZENSHIP ACT, 1994 (Section 6)

APPLICATION FOR CITIZENSHIP UNDER ARTICLE 10 OF THE CONSTITUTION

1.	FULL NAME AND ADDRESS			
	OF APPLICANT:			
2.	PLACE AND			
de.	DATE OF BIRTH:			
	(Attach copy of birth certificate)	****		
	Table 1			
3.	PRESENT			
	NATIONALITY:	****		
4.	ANY OTHER			
	NATIONALITY			
	SINCE BIRTH:			
1921				
5.	PROFESSION/			
	OCCUPATION:			
6.	CIVIL STATUS:			
	(State whether Single/Married/Widowed/Divorced/Separate.			
	Attach copies of certificates of Marriage, Death, Decree of Divorce or Legal Separation)			
7.	FULL NAME			
/•	OF FATHER:			

8.	PLACE OF BIRTH			
	OF THE FATHER:	•••		
	PRILE TO DEALERS			
9,	FULL NAME OF MOTHER:			
	OF WOTHER:	***		
10.	PLACE OF BIRTH			
	OF THE MOTHER:			
11.	FULL NAME OF			
	GRANDFATHER:	••••		
12.	PLACE OF BIRTH			
	OF GRANDFATHER:			
GISH				
13.	FULL NAME OF			
	GRANDMOTHER:			
14.	PLACE OF BIRTH			
	OF GRANDMOTHER:			

15.	FULL NAME AND NATIONALITY OF SPOUSE OF THE					
	(If livi	ng and marriage is subsisting)				
16.	DATE	AND PLACE				
	OF M	ARRIAGE:				
	(Attacl	h copy of Marriage Certificate)				
17.	NAMI	ES AND AGES				
	OF C	HILDREN OF				
	APPL	ICANT:				
18.	ANY PREVIOUS					
	CON	VICTIONS:				
	(If any give details)					
19.	DATE OF ANY					
	PREV	/IOUS				
		JCATION				
	UNDER THE ACT:					
1		(Name of Applicant)				
		To a state of the				
of		(Address)	declare that -			
		(Audi cos)				
	(i)	the information furnished by me in this app	lication is true and correct and			
	(ii)		untrue information or any information withheld he grant of Citizenship of Seychelles may result			
Date	:	19				
			SIGNATURE OF APPLICANT			

CERTIFICATE OF SPONSORSHIP

1	
(Name)	
of(Address)	being a citizen of Seychelles by birth and
***************************************	cartify that
(Designation/Occupation)	(Name of Applicant)
	is known to me, is of good character and
is a fit and proper person to be granted Citizenship of Seychel	les.
The particulars in the application are correct to the best of my	knowledge and belief.
Date: 19	
	SIGNATURE OF SPONSOR
CERTIFICATE OF SPOI	NSORSHIP
I	
(Name)	
of(Address)	being a citizen of Seychelles by birth and

	(Name of Applicant)
***************************************	is known to me, is of good character and
is a fit and proper person to be granted Citizenship of Seychel	les.
The particulars in the application are correct to the best of my	knowledge and belief.
Date:	SIGNATURE OF SPONSOR

CERTIFICATE OF SPONSORSHIP

İ		
5	(Name)	
of		being a citizen of Seychelles by birth and
(Addres	ss)	
		certify that
		(Name of Applicant)
		is known to me, is of good character and
	n to be granted Citizenship of Sey oplication are correct to the best o	
Date:	19	SIGNATURE OF SPONSOR
	FOR OFFICE	AL USE
	CERTIFICATE OF CITIZ	ENSHIP OFFICER
l application complies wit		Citizenship Officer certify that the
Date:	19	CITIZENSHIP OFFICER
	DETERMINATION (OF MINISTER
Date:	10	
Datt		MINISTER
DATE OF GRANT OF	CITIZENSHIP:	
NO OF CERTIFICATE	:	
		CITIZENSHIP OFFICER
Note. This application	shall he accompanied by -	
(i) process	ing fee of SR500/-	
(ii) one pas	sport size photograph of the application	
	of the Gazette and Newspaper notifi dificates of hirth of the applicant, pa	ication of intention to apply for citizenship wents and grandparents:
	apcaies of wrth of me appacant, pa wer certificates as stated in the Form	