



# ST. KITTS AND NEVIS

Application for ePassport

INSTRUCTIONS ON HOW TO COMPLETE APPLICATION

**DO NOT SUBMIT INSTRUCTIONS FORM WITH YOUR APPLICATION!**

*Read instructions carefully before completing the form.*

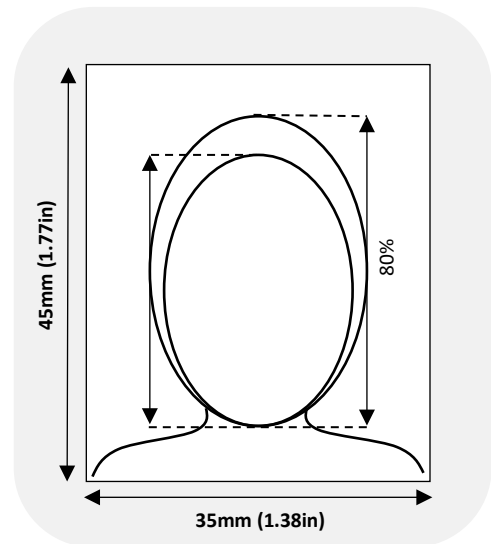
## A) GENERAL INFORMATION

### New (first-time) Applicants

New applicants **may** be required to present themselves for an interview subject to the discretion of the Passport Office. Children under 16 years of age must be accompanied by their parent/legal guardian (who must provide identification).

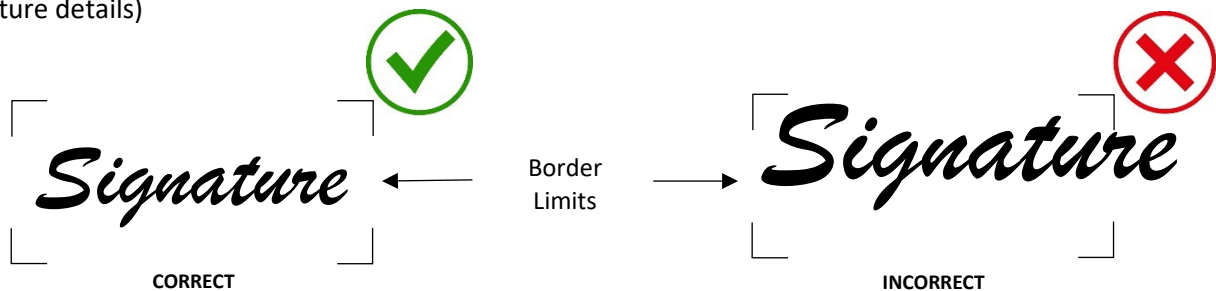
### Photographs

- **Two (2) facial photos must be provided with all applications.** The photos shall not be more than six months old and shall be 45 x 35 mm (1.77 x 1.38 in) in height and width.
- The photo shall show a close-up of the applicant's head and top of the shoulders.
- The **face** shall look directly at the camera with both ears showing and shall take up 70-80 percent of the photo size in length.
- Facial expression must be neutral, with mouth closed and eyes open, with no hair obscuring the eyes.
- Photos should be printed on high quality paper with high resolution.
- The lighting shall be uniform with no shadows or reflections on the face or in the background.
- The background shall be plain and white.
- There must be **contrast** between image and background (e.g. No white shirt on a white background, etc.).
- **No** prescription glasses, tinted shades or sunglasses.
- **No** head coverings except for religious, cultural, or medical justification.



### Signature Box

The applicant must sign the Signature Box **within the borders only**. (See "Declarations" section for signature details)





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#### **Fees**

- Passport fees for applications from within St. Kitts and Nevis are paid in postage stamps of the equivalent Eastern Caribbean Dollars (XCD) currency (*see below fee table*) and are submitted to the Passport Office.
- Passport fees from outside St. Kitts and Nevis are paid in the currency of the country applied from.
- **Note:** Fees are subject to change.

| Type of Passport Application                                    | Fee (EC or XCD) |
|---|-----------------|
| Regular - Standard (16 years – 64 years of age)                 | \$250           |
| Regular - Standard (under 16 years of age)                      | \$150           |
| Regular - Standard (65 years of age and above)                  | \$150           |
| Regular - Expedited and Urgent (16 years – 64 years of age)     | \$350           |
| Regular - Expedited and Urgent (below 16 years of age)          | \$250           |
| Regular - Expedited and Urgent (65 years of age and above)      | \$250           |
| Regular - Replacement LSD (not expired for all age groups)      | \$500           |
| Regular - Replacement LSD (expired, 16 years – 64 years of age) | \$250           |
| Regular - Replacement LSD (expired, under 16 years of age)      | \$150           |
| Regular - Replacement LSD (expired, 65 years of age and above)  | \$150           |
| Diplomatic  | \$No cost       |
| Official  | \$No cost       |
| Citizenship by Investment -Standard                             | \$675           |
| Citizenship by Investment -Expedited and Urgent                 | \$945           |
| Citizenship by Investment - Replacement (LSD)                   | \$1350          |
| Live Capture Photo  | \$15            |

#### **Issuing of Passport**

Applicants and Proxies picking up passports **must present the Applicant's Auxiliary Receipt and/or government-issued ID (one of which must be a photo ID).**

A Proxy must be 16 and above years of age. The Proxy of a child Applicant must be the same Parent/Legal Guardian who signed their child's application form.

#### ***Acceptable forms of Identification:***

- Passport
- Driver's licence
- Or any other government-authorized identification



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## B) SUPPORTING DOCUMENTS

All documents must be produced as the **Original** or a **Notarized Copy**. It is suggested that a photocopy be retained by the Applicant (or Submitter) for reference.

Documents in **Foreign languages** must be accompanied by an **English translation**.

- Please note the below list of supporting documents is not exhaustive.

| Applicant (Application Type)   | Supporting Document(s) Required   |
|--|---|
| New (first-time)   | Birth Certificate of applicant<br>Certificate of Citizenship (if applicable)<br>Certificate of Registration (if applicable)<br>Police Record (if applicable)<br>Parents I.D(if applicable)  |
| Renewal, Expired   | Old Passport<br>Birth Certificate of applicant<br>Certificate of Citizenship (if applicable)<br>Certificate of Registration (if applicable)<br>Police Record (if applicable)<br>Parents I.D(if applicable)  |
| Diplomatic/Official  | Birth Certificate of applicant<br>Cabinet Memo/Minutes approving directions for issuance of the Diplomatic/Official Passport  |
| Replacement (lost, stolen, damaged)  | Birth Certificate of applicant<br>Affidavit<br>Police Report<br>Passport Recovery Form<br>Police Record (if applicable)   |
| Citizens who have changed their name.<br><i>(if name has been changed, other than by marriage)</i> | Birth Certificate<br>Deed Poll<br>Old Passport (if applicable)<br>Certificate of Citizenship (if applicable)<br>Certificate of Registration (if applicable)<br>Police Record (if applicable)<br>Parents I.D(if applicable)  |
| Married/Divorced Citizens  | Birth Certificate of applicant<br>Certificate of Citizenship (if applicable)<br>Certificate of Registration (if applicable)<br>Police Record (if applicable)<br>Marriage Certificate (if the applicant wishes to carry the surname of a spouse)<br>Decree Absolute (if the applicant wishes to revert to maiden name) |



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| Submitter                     | Supporting Document(s) Required   |
|-------------------------------|---|
| Parent/Legal Guardian         | Where an <b>Order</b> or direction has been made by the High Court or in Chambers or by a Magistrate regarding the custody of a child, such <b>Order</b> must be produced, or the nature of the direction stated. <b>If pending</b> divorce proceedings, any judicial Order or direction made regarding the custody of the child for whom the passport is to be made, state the nature of the order or direction, and provide as a supporting document. A <b>notarized letter of authorization</b> of the custodial parent, adoptive parent, or legal guardian must be provided with applications on behalf of a child. |
| Proxies                       | A Proxy must provide a written authorization from the applicant, authorizing them to collect the passport on the applicant's behalf. The written authorization must be notarized if the applicant is overseas.  |
| Agent                         | Power of Attorney   |
| Ministry of National Security | Cabinet Memo and minutes paper  |

## C) APPLICATION SECTIONS

### APPLICATION DETAILS

- A **Proxy** is a person who submits an application (or collects a personalized passport) on behalf of the Applicant.
- **Applicants living overseas** may apply through the nearest St. Kitts and Nevis High Commission/Consulate or a Proxy who submits their application directly to the Passport Office on their behalf.

### SUBMITTER

- For Submitters other than an Agent or Ministry of National Security Representative, provide a government-issued ID type and number. Please ensure to bring the ID to the Passport Office for identification.
- If you are the Submitter and also the Parent/Legal Guardian, please skip Section 2.

### APPLICANT INFORMATION

- **Maiden Surname:** If the applicant is a woman is or who has been married.
- **Sex:** M = Male; F = Female; X = Unspecified



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## CONTACT INFORMATION

- *Current Address:* The address where the applicant is currently living, although they may have a permanent address elsewhere.
- *Permanent Address:* The address where the applicant permanent lives, although they may be temporarily living elsewhere.
- Checkmark the 'Same as current address' box if your permanent address is the same as your current address.

## CITIZENSHIP

- *Birth:* Applicant was born in St. Kitts and Nevis.

The following citizenship types are for applicants born outside of St. Kitts and Nevis:

- *Descent:* Name of the parent or grandparent that was born in St. Kitts and Nevis.
- *Marriage:* Spouse's Certificate of Citizenship number is only required if the spouse was born outside of St. Kitts and Nevis.
- *Registration, Residence, Investment (CIP)*

## LOST, STOLEN, OR DAMAGED PASSPORT

- For lost or stolen passports, an Affidavit providing details of the passport and the conditions under which the passport was lost or stolen (whether valid or expired), the Passport Recovery Form and a Police Report must be submitted to the Passport Office at least 1-month prior to the application for a new passport.
- For damaged passports, an Affidavit, and Police Report are not required. However, the applicant must submit their damaged passport and the Passport Recovery Form to the Passport Office as part of the application for a new passport.
- Please refer to Section A) General Information > Fees.

## DECLARATION

- The **Applicant (and Parent/Legal Guardian when applicable) must sign Section 7.**
- The **Applicant must sign the Signature Box on page 1 of the form (if capable).**
  - Children 8 years of age and above must sign the Signature Box (if capable).
  - If the child applicant is unable to sign the Signature Box, it should remain unsigned.



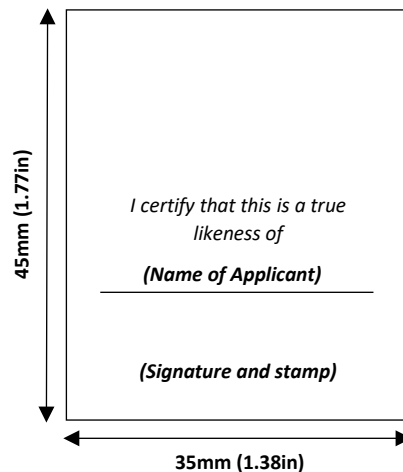
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## **RECOMMENDER**

- Section 8 should be completed by the person verifying the declaration of the applicant.
- The Recommender:
  - Should be a member of the National Assembly, Nevis Island Assembly, Justice of the Peace, Notary Public, Minister of Religion, Medical or Legal Practitioner, Senior Civil Servant, Senior Bank Official, Gazetted Police Officer, or any person of similar standing **PERSONALLY ACQUAINTED** with the applicant.
  - Must not be a member of the applicant's immediate family.
  - Must endorse the reverse side of one of the photographs with the words: ***"I certify this is a true likeness of [Mr./Mrs./Miss. Name of Applicant]"*** and add the recommender's signature and official stamp.



# ST. KITTS AND NEVIS

## Application for ePassport



Application Number:  
Current Passport Number:

SIGNATURE BOX

Sign within bordered area  
(Use dark blue or black ink)

PHOTO  
AREA  
(for office use)

### IMPORTANT:

- Do not complete this form until you have read the Instructions Form.
- Please complete this form in black or blue ink and using block capital letters.
- Section 2 is for **Submitters** (not the Applicant).
- Section 8 is for **Recommenders** (not the Applicant).

**DO NOT SUBMIT THE  
INSTRUCTIONS FORM WITH  
YOUR APPLICATION!**

### 1) APPLICATION DETAILS

|                           |                   |  |                |                               |             |           |             |
|---------------------------|-------------------|--|----------------|-------------------------------|-------------|-----------|-------------|
| ePassport Type:           | Regular           | Diplomatic                             | Official       | Processing Time:              | Standard    | Expedited | Urgent      |
| Application For:          | Adult             | Child ( <i>under 16 years of age</i> ) | Senior         |                               |             |           |             |
| Application Reason:       | New Replacement ( | Renewal lost                           | Expired stolen | damaged                       | name change | full book | data error) |
| Submitted By:             | Applicant         | Other proxies                          | Agent          | Ministry of National Security |             |           |             |
| Application Location:     |                   |  |                |                               |             |           |             |
| Passport Pickup Location: |                   |  |                |                               |             |           |             |

### 2) SUBMITTER (*Submits the application on behalf of the Applicant. Skip this section if you are the Parent/Legal Guardian*)

|                    |                          |                   |
|--------------------|--------------------------|-------------------|
| Submitter Surname: | Submitter Given Name(s): | Signature         |
| ID Type:           | ID No.:                  | Date (DD-MM-YYYY) |
| Country of Issue:  | Address:                 |                   |
| Email:             | Phone:                   |                   |

### 3) APPLICANT INFORMATION

|   |                                   |                             |  |         |                   |
|---|-----------------------------------|-----------------------------|--|---------|-------------------|
| Surname:                                  | Maiden Surname:                   | Given Name(s):              |  |         |                   |
| Title:                                    | Mr. Mrs. Ms.<br>Miss Other: _____ | Date of Birth: (DD-MM-YYYY) | Original names ( <i>if name has been changed other than by marriage</i> ): |         |                   |
| Sex:                                      | M F X                             | Eye Colour:                 | Hair Colour:   | Height: | (feet/inches)     |
| City of Birth:                            | Parish of Birth:                  | Country of Birth:           |  |         |                   |
| Visible identification marks (in detail): |                                   |                             |  |         |                   |
| Profession/Occupation/Designation:        |                                   |                             |  |         |                   |
| Marital Status:                           | Single                            | Married                     | Divorced   | Widowed | Legally Separated |

# ST. KITTS AND NEVIS

## Application for ePassport



| 4) CONTACT INFORMATION   |                          |                          |  |                     |                           |                   |
|--|--------------------------|--------------------------|--|---------------------|---------------------------|-------------------|
| Local Phone No.:   |                          |                          |  | Overseas Phone No.: |                           |                   |
| Email:   |                          |                          |  |                     |                           |                   |
| CURRENT ADDRESS  |                          |                          | PERMANENT ADDRESS <small>Same as current address</small> |                     |                           |                   |
| Street/Village:  |                          |                          |  | Street/Village:     |                           |                   |
| P.O. Box:  |                          |                          |  | P.O. Box:           |                           |                   |
| City:  |                          |                          |  | City:               |                           |                   |
| State:   |                          |                          |  | State:              |                           |                   |
| Zip/Postal Code:   |                          |                          |  | Zip/Postal Code:    |                           |                   |
| Country:   |                          |                          |  | Country:            |                           |                   |
| 5) CITIZENSHIP   |                          |                          |  |                     |                           |                   |
| Citizenship:   | Birth                    | Descent                  | Marriage   | Residence           | Registration              | Investment (CIP)  |
| Certificate No.:   | Place of Issue:          |                          |  | Date of Issue:      |                           | (DD-MM-YYYY)      |
| <i>Complete the below only for Citizenship by Descent</i>  |                          |                          |  |                     |                           |                   |
| Parent/Grandparent Surname:  |                          |                          | Parent/Grandparent Given Name(s):                        |                     |                           | Date of Birth:    |
|  |                          |                          |  |                     |                           | (DD-MM-YYYY)      |
| Place of Birth:  |                          |                          | Country of Birth:  |                     |                           |                   |
|  |                          |                          |  |                     |                           |                   |
| <i>Complete the below only for Citizenship by Marriage</i>   |                          |                          |  |                     |                           |                   |
| Spouse's Surname:  |                          | Spouse's Given Name(s):  |  | Place of Marriage:  |                           | Date of Marriage: |
|  |                          |                          |  |                     |                           | (DD-MM-YYYY)      |
| Spouse's Date of Birth:  | Spouse's Place of Birth: |                          | Spouse's Country of Birth:                               |                     | Spouse's Certificate No.: |                   |
| (DD-MM-YYYY)   |                          |                          |  |                     |                           |                   |
| <b>6) LOST, STOLEN, or DAMAGED PASSPORT (if applicable)</b>  |                          |                          |  |                     |                           |                   |
| Reason:  | Lost                     | Passport No.: (if known) | Date of Loss:  | Place of Loss:      | Country of Loss:          |                   |
|  | Stolen                   |                          |  |                     |                           |                   |
|  | Damaged                  |                          | (DD-MM-YYYY)   |                     |                           |                   |
| Police Station/St. Kitts and Nevis High Commission/Consulate:  |                          |                          | Police/Case Report No.:                                  |                     | Report Date: (DD-MM-YYYY) |                   |
|  |                          |                          |  |                     |                           |                   |
| Comments:  |                          |                          |  |                     |                           |                   |
| <p><i>I certify that the above particulars are correct and undertake in the event of the passport coming again into my possession to return it to the St. Kitts and Nevis Passport Office or to a St. Kitts and Nevis High Commission.</i></p> |                          |                          |  |                     |                           |                   |
|  |                          |                          |  |                     | Signature                 |                   |
|  |                          |                          |  |                     | Date (DD-MM-YYYY)         |                   |



# ST. KITTS AND NEVIS



## Application for ePassport

### 7) DECLARATION (for Applicants and Parents/Legal Guardians)

#### Parent/Legal Guardian of a child under 16 years of age:

I, the undersigned hereby apply for the issue of a passport to the above-named child. I declare that the information given in this application is correct to the best of my knowledge and belief, and that the child has not lost the status of citizen of Saint Christopher (St. Kitts) and Nevis.

|                                |                                      |        |                   |
|--------------------------------|--------------------------------------|--------|-------------------|
| Relationship to Child:         | Father                               | Mother | Legal Guardian    |
| Parent/Legal Guardian Surname: | Parent/Legal Guardian Given Name(s): |        |                   |
|                                |                                      |        | Signature         |
| ID Type:                       | ID No.:                              |        |                   |
|                                |                                      |        | Date (DD-MM-YYYY) |

I, the Applicant (if 16 years of age or over), or Parent/Legal Guardian of the Applicant (if under 16 years of age) declare (check all that apply):

**NOTE:** If you have had a passport that has been lost or stolen, do not check boxes C and D, and ensure to complete the Passport Recovery Form and **Section 11** of this form.

**A** – The information provided in this application is correct to the best of my knowledge and belief.

**B** – That I (or the child) have not lost the status of Citizen of Saint Christopher (St. Kitts) and Nevis.

**C** – That I (or the child) have not previously held or applied for a Saint Christopher (St. Kitts) and Nevis passport of any type.

**D** – That all previous passports granted to me (or the child) have been surrendered or cancelled, other than passport no.: \_\_\_\_\_, which is now attached, and that no other application for a passport has been made since the attached passport was issued to me (or the child).

**E** – I understand that knowingly making a false statement in this application is an offence contrary to Section 10 of the Passports and Travel Documents Act.

|           |                   |
|-----------|-------------------|
| Signature | Date (DD-MM-YYYY) |
|-----------|-------------------|

### 8) RECOMMENDER

|                      |                                 |
|----------------------|---------------------------------|
| Recommender Surname: | Recommender Given Name(s):      |
| Address:             |                                 |
| Phone No.:           | Email:                          |
| Profession:          | Years have known the Applicant: |

I certify that the applicant is known to me personally to me, and that to the best of my knowledge and belief, the facts stated in this application form are correct. I have known the applicant for the above-specified years.

|           |                   |                |
|-----------|-------------------|----------------|
| Signature | Date (DD-MM-YYYY) | Official Stamp |
|-----------|-------------------|----------------|

**IMPORTANT:** Applicants and persons who countersign applications (see Section 7) are warned that, should any statement made in connection with this applicant, prove to be untrue, the consequences to them may be serious.

### 9) SUPPLEMENTAL INFORMATION

|           |
|-----------|
| Comments: |
|-----------|



10) PAYMENT STAMPS *(for office use)*

Place stamps here:

