

# Citizenship by Investment Oath of Allegiance Form

AB11



The Government of Antigua and Barbuda

## Form for Swearing/Affirming Oath of Allegiance

### Citizenship by Investment Programme

For Official Use Only	
Agent License Number	
Date Received	D D M M Y Y Y Y

## Important Information

### Please Read Carefully Before Completing This Form

Where the Unit is satisfied that the travel restrictions imposed by the Government of any territory prevents a successful applicant from taking the oath of allegiance as prescribed by sub regulation (16), the Unit may permit the oath of allegiance to the successful applicant to be done by zoom, skype or similar audio-visual technology at any other place approved by the Unit. This form is to be used for swearing or affirming the Oath of Allegiance as a citizen of Antigua and Barbuda under The Antigua and Barbuda Citizenship by Investment (Amendment) Act, 2013.

This form is to be completed in **English**. If necessary, please supply additional details on separate sheets. All documents which are enclosed with this form must be in English or accompanied by **authenticated English translations**. These translations must be prepared by a professional translator (officially accredited by a court of law), a government agency, an international organization or similar official institution. If there are no officially accredited translators in the country concerned, the translation must be prepared by a company whose sole or main business is doing professional translations.

### The following protocols must be adhered to when swearing or affirming the Oath of Allegiance, including children over the age of 18:

1. The Oath must be taken in the presence of a notary public or an individual authorized to administer oaths in the jurisdiction where the successful applicant is present and broadcasted live to the Unit;
2. The swearing/affirming of the Oath must be recorded;
3. The notary public or person administering the Oath must present his or her credentials at the start of the recording of the process (these must be the same credentials previously shared with the Unit);
4. The identity of the successful applicant shall be verified on the recording by the notary public or individual administering the Oath;
5. The profile of the successful applicant shall be in full view at all times during the recording as the Oath of Allegiance is taken in the form contained in the Third Schedule of the Antigua and Barbuda Citizenship Act;
6. The successful applicant shall bear all costs and fees associated with swearing/affirming the Oath of Allegiance using Zoom, Skype or any other similar audio-visual technology.

Please note that forms can only be accepted and processed if this form is properly completed, dated and signed. **Original forms must be used, photocopies are not acceptable.**

**MAIL TO: The Citizenship by Investment Unit**  
2<sup>nd</sup> Floor, Sir John E. St. Luce Finance and Conference Center  
Factory Road, P.O. Box W2074  
St. John's, Antigua

**Are you completing this form as:**

- Principal Applicant (PA)*  
 *Spouse of the PA*  
 *Dependent of PA*

**PLEASE NOTE:** All and any statements and/or declarations made in this form by anyone completing this form on behalf of the Principal Applicant shall be deemed to be statements and/or declarations made by the Principal Applicant himself or herself.

**Section A: Citizen details**

<b>A1. Title and full legal surname, as it appears on applicant's passport</b> <input type="checkbox"/> <i>Mr</i> <input type="checkbox"/> <i>Mrs</i> <input type="checkbox"/> <i>Miss</i> <input type="checkbox"/> <i>Ms</i> <input type="checkbox"/> <i>Other</i> .....	<b>A2. Full legal first and middle names, as they appear on applicant's passport</b>
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<b>A3. Country of birth</b>
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<b>A4. Date of birth</b> <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<b>A5. Gender</b> <input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i>
D	D	M	M	Y	Y	Y	Y		

<b>A6. I am unable to swear/affirm the Oath of Allegiance in Antigua and Barbuda due to:</b> <input type="checkbox"/> <i>Travel restrictions imposed by the Government</i> <input type="checkbox"/> <i>Other (State below)</i>
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<b>A7. Antigua and Barbuda Passport details</b>	
<i>Passport number</i>	
<i>Date of issue</i>	
<i>Date of expiration</i>	

<b>A8. Antigua and Barbuda Certificate of Registration details</b>	
<i>Registration number</i>	
<i>Date of Registration</i>	

<b>A9. Addresses and contact information</b>		
Current residential address in full		
Permanent telephone number	Mobile telephone number	Personal Email Address

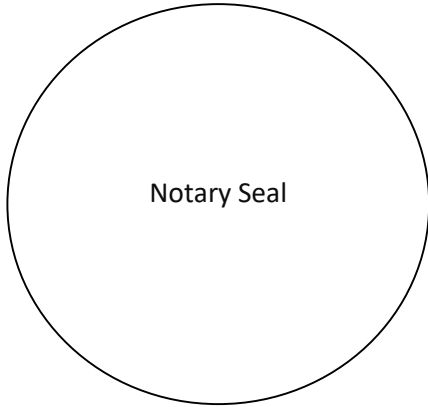
**Section B. Dependents' details**

Details of Dependents swearing/affirming the Oath of Allegiance at this sitting		
Surname/First Name	Date of Birth	Relationship to main applicant
i)		
ii)		
iii)		
iv)		
v)		
vi)		
vii)		
viii)		
ix)		
x)		
xi)		
xii)		
xiii)		
xiv)		
xv)		



**Section D. Notarial Certificate**

This is to certify that the individuals listed in Sections A and B of this form swore/affirmed the Oath of Allegiance to the nation of Antigua and Barbuda before me in the State of .....  
this..... day of....., 20.....



.....  
(Notary's official signature)

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

SAMPLE

