

**APPLICATION FOR FAMILY OCCUPATION PERMIT  
[Section 14 of the Immigration Act 2022]**

**APPLICATION FORM FOR APPLICANT / DEPENDENTS / WORKING INDIVIDUALS**

**SECTION 1: PERSONAL DETAILS OF APPLICANT**

1.1 Surname	<input type="text"/>																													
1.2 First Names	<input type="text"/>																													
1.3 Maiden Name (If any)	<input type="text"/>																													
1.4 Any Previous Name	<input type="text"/>																													
1.5 Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	1.6 Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>															Other <input type="text"/>														
1.7 Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day      Month      Year	1.8 Place of birth <input type="text"/>																													
1.9 Present Nationality	<input type="text"/>																													
1.10 Any other nationality held <input type="text"/>	1.11 Date acquired <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day      Month      Year																													
1.12 Passport No. <input type="text"/>	1.14 Date of issue <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day      Month      Year															1.15 Date of expiry <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day      Month      Year														
1.13 Issuing country <input type="text"/>	1.16 Residential address in your country of origin or last residence outside Mauritius <input type="text"/> <input type="text"/> Tel No. <input type="text"/> Mobile No. <input type="text"/>																													
1.16 Residential address in Mauritius <input type="text"/> <input type="text"/> Tel No. <input type="text"/> Mobile No. <input type="text"/>																														

1.17 Email address:

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**SECTION 2 – DETAILS OF ACCOMPANYING SPOUSE, DEPENDENT CHILD, PARENTS AND OTHER DEPENDENT (IF ANY)**

2.1. Full name: .....Relation: ..... Gender: ....., Date of birth: .....Place of birth: ....., Nationality: ..... Passport No.: ..... Date of issue: ..... Date of expiry: .....
2.2. Full name: .....Relation: ..... Gender: ..... Date of birth: ..... Place of birth:.....,Nationality:..... Passport No.: ..... Date of issue: ..... Date of expiry: .....
2.3 Full name: .....Relation: ..... Gender: ..... Date of birth: ..... Place of birth: .....,Nationality..... Passport No.: ..... Date of issue: ..... Date of expiry: .....
2.4. Full name: .....Relation: ..... Gender: ..... Date of birth: ..... Place of birth: .....,Nationality..... Passport No.: ..... Date of issue: ..... Date of expiry: .....
2.5. Full name: .....Relation: ..... Gender: ..... Date of birth: ..... Place of birth: .....,Nationality..... Passport No: ..... Date of issue: ..... Date of expiry: .....
2.6. Full name: .....Relation: ..... Gender: ..... Date of birth: ..... Place of birth: .....,Nationality..... Passport No: ..... Date of issue: ..... Date of expiry: .....
2.7. Full name: .....Relation: ..... Gender: ..... Date of birth: ..... Place of birth: .....,Nationality..... Passport No: ..... Date of issue: ..... Date of expiry: .....
2.8. Full name: .....Relation: ..... Gender: ..... Date of birth: ..... Place of birth: .....,Nationality..... Passport No: ..... Date of issue: ..... Date of expiry: .....

**SECTION 3: PARTICULARS OF INDIVIDUALS WORKING FOR THE FAMILY UNIT**

3.1 Surname	<input type="text"/>																											
3.2 First Names	<input type="text"/>																											
3.3 Maiden Name (If any)	<input type="text"/>																											
3.4 Any Previous Name	<input type="text"/>																											
3.5 Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	3.6 Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> <input type="text"/>																											
3.7 Date of birth <input type="text"/> Day Month Year	3.8 Place of birth <input type="text"/>																											
3.9 Present Nationality	<input type="text"/>																											
3.10 Passport No. <input type="text"/>	3.12 Date of issue <input type="text"/> Day Month Year			<input type="text"/>																								
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3.15 Tel No. <input type="text"/>																												
3.16 Mobile No. <input type="text"/>																												
3.17 Residential address in Mauritius																												
<input type="text"/>																												
<input type="text"/>																												
3.18 Tel No. <input type="text"/>																												
3.19 Mobile No. <input type="text"/>																												
3.20 Email address: <input type="text"/>																												
3.21 Occupation: <input type="text"/>																												

**SECTION 4 - DECLARATION**

I declare that all the information given in this application form as well as in the attached documents is true and correct. I understand that making a false statement may lead to prosecution and cancellation of my Family Occupation Permit.

**SECTION 5- UNDERTAKING**

I undertake to transfer the USD 250,000 into the Covid 19 Project Development Funds as soon as my Approval In Principle is granted.

Full name of applicant: .....

Signature of Applicant: .....

Date: ... .. / ..... / .....