



REPUBLIC OF TRINIDAD AND TOBAGO
INTER-COMMONWEALTH TRAVEL DOCUMENT
APPLICATION FORM "D"

For Official Use Only

1. Name

(Family or last name):

First Name:

Middle Name(s):

Maiden Name
(Family name at birth):

Former name (if changed):

2. Personal Information:

Date of Birth:
Year Month Day

Country of Birth: Nationality:

Sex: Height CM Hair Colour: Eye Colour:
M F

Marital Status: (State Yes/No whichever is applicable)

Single Married Widowed Divorced Separated

Occupation/Profession:

3. Address in Detail:

(a) Permanent Address: (Home)

<i>No.</i>	<i>Street</i>	<i>District</i>
.....		
.....		
.....		

Telephone: *Home*

(b) Work Address:

<i>No.</i>	<i>Street</i>	<i>District</i>
.....		
.....		
.....		

Business

4. Your Children Under 16— Children's names may be included in this document. Complete only if you want their names included. Photographs of children listed are not required.

<i>Last Name</i>	<i>First Name</i>	<i>Date of Birth</i>			<i>Country of Birth</i>	<i>Sex</i>
		<i>Year</i>	<i>Month</i>	<i>Day</i>		

5. Declaration of Applicant:

I solemnly declare that:

- (i) The statements made in this application are true.
- (ii) The photographs enclosed are a true likeness of me.
- (iii) I am a resident of Trinidad and Tobago and have not lost residence by residing outside of Trinidad and Tobago for more than one (1) Year.

Dated
Year Month Day

Signature of Applicant

6. Declaration of Applicant on behalf of Child

I,
 First Name:
 Surname:
(Name of Person Applying for child)

solemnly declare that I am the
 of the child *(Relationship)*

First Name:
 Last Name:
(Name of child)

Signature

and that:
 (i) the statements made in the application are true;
 (ii) the photographs enclosed are a true likeness of the child;
 (iii) I have known my recommender personally for at least three years.

Dated:
Year Month Day

Full Address
 Identification Card Number

7. Declaration of Recommender

I, , a commonwealth citizen declare that to the best of my knowledge and belief all the statements made in this application are true. I make this declaration from my knowledge of the applicant whose name is:

Name of Applicant:
Surname First Name

whom I have known personally for and whose photograph I have certified on the reverse side.
State number of years

Business Address in Full
(include name of Firm or Organization)

Dated Signature

WARNING TO ALL APPLICANTS AND RECOMMENDERS

Any such person who makes a written or oral statement knowingly to be false or misleading is guilty of an offence and is liable to fine and imprisonment. A member of the applicant's immediate family is not acceptable as a recommender

8. INSTRUCTIONS

Inter-Commonwealth Caribbean Travel Documents are valid for two (2) years and are issued only to *residents* of Trinidad and Tobago.

- The application form can be recommended by:
- Minister of Religion registered under law to perform marriages.
 - Managing Director, Director and Manager of Banks and Companies (Endorsement of Official Stamps necessary).
 - Member of Parliament, Mayor, Borough or County Councillor.
 - Notary Public/Justice of the Peace/Commissioner of Affidavits.
 - Senior Public Servant (Above range 30).
 - Police Officer (corporal and above rank).
 - Fire Sub-Officer and above rank.
 - Prison Cadet Officer and above rank.
 - Member of Defence Force (Corporal/Leading Seaman and above rank).
 - Graduate Teacher-School Principal, Vice-Principal, Lecturer.

9. For Official Use Only

Birth Certificate/Baptismal Certificate	Applicant seen by
Naturalization Certificate	Approved by
Adoption Certificate	Permit written by
Registration Certificate	Permit signed by
Decree Nisi	
Marriage Certificate	
Deed Poll	Approving Officer's Stamp
Birth Certificate(s) of Child(ren)	
Others	

10. Specimen signature of holder which will be detached and affixed to the Travel Document.

