RGS I

DEPARTMENT OF IMMIGRATION AND EMIGRATION

APPLICATION FOR RESIDENT GUEST SCHEME OF SRI LANKA

INVESTOR ☐

PROFESSIONAL ☐

FOR OFFICE USE

APPLICATION NO.

DATE RECEIVED / /

Please read the GUIDE before filling the application and type or print information required

1 NAME OF THE APPLICANT

(a) FAMILY NAME

(b) OTHER NAMES

SEX MALE ☐ FEMALE ☐

TELEPHONE NUMBER / S

ABROAD

IN SRI LANKA

TELEX

FAX

E-MAIL

PERMANENT ADDRESS ABROAD

ADDRESS IN SRI LANKA (IF ANY)

PASSPORT NUMBER PLACE OF ISSUE

DATE OF ISSUE Day Month Year DATE OF EXPIRY: Day Month Year

DATE OF BIRTH: Day Month Year AGE YEARS

COUNTRY OF BIRTH

NATIONALITY

CIVIL STATUS SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SEPARATED ☐

EDUCATIONAL / PROFESSIONAL QUALIFICATIONS AND EXPERIENCE (IF ANY) Pl. annex details

PRESENT OCCUPATION

FORMER OCCUPATION/S

PREVIOUS VISITS TO SRI LANKA AND DATES (IF ANY)

2 FULL NAME OF SPOUSE

DATE OF BIRTH Day Month Year NATIONALITY

PASSPORT NO DATE OF EXPIRY Day Month Year

3 FULL NAMES OF CHILDREN

FULL NAMES OF CHILDREN	PASSPORT NO	DATE OF EXPIRY	SEX M / F	DATE OF BIRTH

4 FULL NAME/S OF OTHER DEPENDANTS	NATIONALITY	AGE	SEX	RELATIONSHIP TO APPLICANT	PASSPORT NO/S AND DATE OF EXPIRY

TO BE FILLED BY INVESTORS ONLY

AMOUNT YOU INTEND TO REMIT

FOR INVESTMENT

FOR LIVING EXPENSES (PER MONTH)

NATURE OF PROPOSED INVESTMENT TO BE FINANCED (Please annex details)

NAME, ADDRESS AND TELEPHONE NUMBER OF THE LOCAL COLLABORATOR (IF ANY)

TO BE FILLED BY PROFESSIONALS ONLY

NATURE OF PROPOSED SERVICE/CONTRIBUTION TO SRI LANKA

COMPETENCE IN THE SPECIFIC AREA (Please annex details)

AMOUNT INTENDED TO REMIT FOR LIVING EXPENSES (PER MONTH)

3.5 X 4.5 cm
Photograph

Important

This form shall be submitted in quadruplicate (4) and mailed directly or through an agent in Sri Lanka to the Implementing Agency with the following supporting documents.

a. Birth Certificate/s, Photocopy/ Photocopies of Passport/ Travel Document of the applicant, spouse and dependants containing particulars of identity.
b. Marriage Certificate (if applicable)

The Implementing Agency reserves the right to approve or reject any application after verifying the information and documents supplied.

c. Medical Certificate.

I certify that the information supplied by me is to the best of my knowledge true as at the date of application.

…………………………….…………….
Signature of applicant

Date : …………………………………

Place: …………………………………

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DEPARTMENT OF IMMIGRATION AND EMIGRATION

RESIDENT GUEST SCHEME

MEDICAL CERTIFICATE

NAME OF THE APPLICANT

FAMILY NAME

OTHER NAMES

AGE

SEX MALE FEMALE

PASSPORT NO

DATE ISSUED Day Month Year

PLACE ISSUED

My examination was specifically made for evidence of any of the following conditions:

CLASS 'A'

1. Dangerous / contagious diseases
   - A. Leprosy (infectious)
   - B. Gonorrhea
   - C. Granuloma inguinale
   - D. Lymphoranuloma venereum
   - E. Syphilis
   - F. Chancroid
   - G. Tuberculosis
   - H. Acquired Immunity Deficiency Syndrome (AIDS)

11. Mental conditions
   - A. Mental deficiency
   - B. Insanity
   - C. Phychopathic personality
   - D. Chronic alcoholism
   - E. Sexual deviation
   - F. Mental defect
   - G. Narcotic drug addiction

CLASS 'B'

Physical defect, disease or disability serious in degree or permanent in nature amounting to:

1. Substantial departure from normal physical well-being.
2. Inability to function or move around without assistance.

CLASS 'C'

Minor conditions (as diagnosed)

My findings are as follows: (check no. 1 or complete no. 2)

1. No. defect, disease or disability

2. Defect, disease or disability as follows (Give Class A,B or C, diagnosis and pertinent details. Use a separate sheet, duly signed, if necessary):

5 x 5 c.m.
Photograph

DATE & PLACE OF EXAMINATION

NAME OF EXAMINING PHYSICIAN & ADDRESS OF CLINIC/HOSPITAL

Date

SIGNATURE