

Republic of Vanuatu

Nomination form - Dependent child

[Part 1: FIU Pre-approval form]

CHILD

DEPENDANT CHILD'S PERSONAL PARTICULARS					
C1. Surname:	C2. First (given) name:		C3. Gender:		
			Female		
C4. Place and country of birth:	C5. Date of birth (dd/mm/yyyy)		C6. Marital status:		
			Unmarried		
C7. Permanent address:		C8. Current address (if different from A7):			
C9. Telephone number:		C10. E-mail address:			
			C42 Passant Expiration data		
C11. Existing passport number (If available):	C12. Passport issue dat	e and country:	C13. Passport Expiration date:		
C14. ID card/ driver license number (If available):		C15. Occupation - or not applicable (N/A):			

Dependent child (above	12 years old) or parents

Name of dependent child *Please sign within the box

Republic of Vanuatu

Nomination form – Dependent children

[Part 2: Full document Submission]

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FIU PRE-APPROVAL			
C1. FIU clearance reference number from Vanuatu:	C3. Issue Date:		
Section (Section Figure)			
(Must be completed after FIU clearance)	(Must be within 1 month)		
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DIDTU CEDTICICATE	MEDICAL CETIFICATE		
BIRTH CERTIFICATE	MEDICAL CETIFICATE		
C4. Birth Certificate Number:	C5. I have attached my Medical Certificate		
· · · · · · · · · · · · · · · · · · ·			
I have attached the English translation of my Birth Certificate			
(where applicable)			
SIGNATURE			
C6. Specimen signature to be used by dependent child above 12 years			
old:	Witness sign here:		
<u> </u>			
Name of Danco doub skilds			
Name of Dependent child:			
	Name of witness, his organization and position:		
Remarks: is under age 18. The relevant forms			
is under age to. The relevant forms			
are completed and signed by the Principal			
Candidate: who is the mother/father of:			
	Date:		
- <u></u> -			
I hereby certify that the information stated in this Nomination Form is true ar	nd accurate and confirm that I have read and understood all sections and		
documents identified in the check list and any annexes specified therein. I c			
	e nomination being declined by Vanuatu Citizenship Commission and/or any		
false declaration in this Nomination Form may lead to revocation of my citize	ensnip subsequently.		
	Dependent child (above 12 years) or parent:		
	Dependent office (above 12 years) of parent.		
	*Dlagge sign within the have		
	*Please sign within the box		
	Name of dependent child:		
	D .		
	Date:		