IMMIGRATION (GENERAL) (AMENDMENT) REGULATIONS, 2019

Arrangement of Regulations

Regulation

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MINISTRY OF FINANCIAL SERVICES, TRADE
AND INDUSTRY AND IMMIGRATION
S.I. No. 22 of 2019

IMMIGRATION ACT
(CHAPTER 191)

IMMIGRATION (GENERAL) (AMENDMENT)
REGULATIONS, 2019

The Minister, in the exercise of the powers conferred by section 45 of the
Immigration Act (Ch. 191), makes the following Regulations —

1. Citation.

These Regulations may be cited as the Immigration (General) (Amendment)
Regulations, 2019.

2. Amendment of regulation 3 of the principal Regulations.

Regulation 3 of the principal Regulations is amended —

(a) by the insertion, immediately after paragraph (1), of the following

“(1A) Every application for a BH-1B work visa shall be made to
the Director of Immigration in Form IA in the First
Schedule.”;

(b) by the insertion, immediately after paragraph (2), of the following

“(2A) Every application for a BH-4S permit shall be made to the
Director of Immigration in Form IIA in the First Schedule.”;

(c) in paragraph (4), by the deletion of the words “or resident card” and
the substitution of the words “, resident card or any visa”; and

(d) in paragraph (7), by the deletion of the words “or resident card” and
the substitution of the words “, resident card or any visa”.

3. Amendment of regulation 6 of the principal Regulations.

Paragraph (1) of regulation 6 of the principal Regulations is amended by the
insertion, immediately after the words “work visa”, of the words “or BH-1B
work visa” wherever they occur.

4. Amendment of regulation 7 of the principal Regulations.

Paragraph (1) of regulation 7 of the principal Regulations is amended by the
insertion, immediately after the words “work visa”, of the words “or BH-1B
work visa”.

Page - 2
5. Amendment of First Schedule to the principal Regulations.

The First Schedule to the principal Regulations is amended by the insertion, in the appropriate order, of the following new forms —

"FORM IA
APPLICATION FORM – BH-1B WORK VISA"

Note:
The following must be submitted along with a completed application form:
(a) copy of passport(s)
(b) two (2) passport size photographs in colour with signature on reverse of prints
(c) police certificates covering five (5) years residence
(d) medical certificate dated not earlier than thirty (30) days before the date on which this application is submitted
(e) written references from previous employers
(f) proof of sponsorship by a specified commercial enterprise
(g) copies of any educational qualifications (e.g. degrees, certificates)
(h) copy of resume or curriculum vitae

<table>
<thead>
<tr>
<th>A. PERSONAL INFORMATION</th>
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<tbody>
<tr>
<td>(Information provided here must match information as it is written in your passport)</td>
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<th>Last name:</th>
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<tr>
<th>First name:</th>
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<tr>
<th>Middle name:</th>
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<th>Date of birth: / /</th>
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<td>day   month year</td>
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<tr>
<th>Place of birth: (City)</th>
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<tr>
<td>(State/Province)</td>
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<tr>
<td>(Country)</td>
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<tr>
<th>Sex: □ Male □ Female</th>
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<tr>
<th>Marital status: □ Single □ Married □ Divorced</th>
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<tr>
<th>Nationality:</th>
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</table>
Do you hold or have you held any other nationality other than the one indicated above? □ Yes □ No

If yes, please state the country:

____________________________________________________

Do you hold a passport for the other nationality stated above?  □ Yes □ No

If yes, please provide the passport number: ____________________________

Are you a permanent resident other than your country of origin? □ Yes □ No

If yes, please provide your national identification number: __________________________

Home address:

<table>
<thead>
<tr>
<th>Street address</th>
<th>City</th>
<th>State/Province</th>
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<th>Country</th>
<th>Postal zone/ZIP code</th>
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</table>

Telephone contacts*:

__________________________________________ (Primary phone number)

__________________________________________ (Secondary phone number)

__________________________________________ (Work phone number)

*Please include dialing and area code numbers.

Email address: ____________________________

B. PASSPORT INFORMATION

Passport number: _____________________________

Country issuing passport: _____________________________

Issuance date: __/__/____

   day   month   year

Expiration date: __/__/____

   day   month   year

Are you the holder of a valid or expired (within the last 12 months) visa from another country? □ Yes □ No

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C. TRAVEL INFORMATION

Will you be accompanied by your spouse? □ Yes □ No

Will you be accompanied by your children? □ Yes □ No

Date of arrival in The Bahamas: ___________/_________/_________
          day    month    year

Arrival flight (if known):_______________________________

Place of residence upon arrival:_______________________________

D. FAMILY INFORMATION

Spouse's (wife/husband) full name:_______________________________

Nationality of spouse:_______________________________________

Particulars of children under 18 years of age:

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<tr>
<th>Name</th>
<th>Date of birth</th>
<th>Place of birth</th>
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<tbody>
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E. EDUCATION AND EMPLOYMENT INFORMATION

Profession/occupation:______________________________________

Briefly describe your duties:

________________________________________________________________________

Annual salary:______________________________________

Particulars of employment (beginning with current employment):

________________________________________________________________________

________________________________________________________________________

Page - 5
<table>
<thead>
<tr>
<th>Employer</th>
<th>Employer's address</th>
<th>Position held</th>
<th>Duration of employment</th>
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Universities attended:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Dates</th>
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Qualifications held (e.g. degrees, certificates) and dates awarded:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

F. SECURITY AND BACKGROUND

List the countries that you have resided in within the last five years:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Page - 6
Do you have a communicable disease of public health significance? □ Yes □ No
If yes, please explain:

Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others? □ Yes □ No
If yes, please explain:

Have you ever been convicted of any offence? □ Yes □ No
If yes, please provide full details of the offence, the penalty, the court in which you were convicted and the date:

I certify to the best of my knowledge and belief that the information given in the application is correct. I understand that the discovery of any statement which is false in a material particular may render me liable to prosecution.
Signature: __________________________
Date: __________________________

Dated the ________ day of ____________ 20____ declared to
before me this _________ day of ______________ 20____

Commissioner of Oaths, Notary Public, Justice of the Peace

FOR OFFICIAL USE ONLY

FORM IIA
APPLICATION FORM - BH-4S PERMIT

Note:
The following must be submitted along with a completed application form:
(a) certified copy of marriage certificate
(b) copy of passport(s)
(c) two (2) passport size photographs in colour with signature on reverse of
prints
(d) police certificates covering five (5) years residence
(e) medical certificate dated not earlier than thirty (30) days before the date
on which this application is submitted
(f) two (2) testimonials of good character

A. PERSONAL INFORMATION
Information provided here must match information as it is written in your passport

Page - 8
**Last name:**

**First name:**

**Middle name:**

<table>
<thead>
<tr>
<th>Date of birth:</th>
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<tr>
<td>day/month/year</td>
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</table>

**Sex:**
- [ ] Male  
- [ ] Female

**Nationality:**

Do you hold or have you held any other nationality other than the one indicated above?  
- [ ] Yes  
- [ ] No

If yes, please state the country:

---

Do you hold a passport for the other nationality stated above?  
- [ ] Yes  
- [ ] No

If yes, please provide the passport number:

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Are you a permanent resident other than your country of origin?  
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*Please include country dialing and area code numbers.

**Email address:**
B. PASSPORT INFORMATION

Passport number: ________________________________

Country issuing passport: ________________________________

Issuance date: __/____/____
  day month year

Expiration date: __/____/____
  day month year

C. TRAVEL INFORMATION

Will you be accompanied by your spouse? ☐ Yes ☐ No

Will you be accompanied by your children? ☐ Yes ☐ No

Date of arrival in The Bahamas: __/____/____
  day month year

Arrival flight (if known): ________________________________

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If yes, please explain:

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Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others? □ Yes □ No

If yes, please explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you ever been convicted of any offence? □ Yes □ No

If yes, please provide full details of the offence, the penalty, the court in which you were convicted and the date:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Signature:________________________
Date:________________________

Dated the __________ day of __________ 20__ declared to
before me this __________ day of __________ 20__

Commissioner of Oaths, Notary Public, Justice of the Peace

FOR OFFICIAL USE ONLY

Made this 27th day of March, 2019.

Signed
BRENT SYMONETTE
Minister responsible for Immigration