## IMMIGRATION (GENERAL) (AMENDMENT) REGULATIONS, 2019

## **Arrangement of Regulations**

Reg	Regulation					
1.	Citation					
2.	Amendment of regulation 3 of the principal Regulations					
3.	Amendment of regulation 6 of the principal Regulations					
4.	Amendment of regulation 7 of the principal Regulations					
5.	Amendment of First Schedule to the principal Regulations					

# 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".

#### 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

	NAL INFORMATION provided here must match informate	ion as it is written in your	passp	ort)
Last name:	3			
First name: Middle name:				
Date of bir	th: / / day month year	Place of birth:		_(City) _ (State/Province) _ (Country)
Sex:	Male Female	Marital status:		Single Married Divorced
Nationality	•			

Do you hold or have you held any o above? □ Yes □ No	other nationality other than the one indicated
If yes, please state the country:	
Do you hold a passport for the othe  ☐ Yes ☐ No	er nationality stated above?
If yes, please provide the passport r	number:
· · · ·	than your country of origin?   Yes   No
If yes, please provide your national  Home address:	identification number:
Street address	City State/Province
Country	Postal zone/ZIP code
	(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: / / /	year
Expiration date: / /	
	pired (within the last 12 months) visa from another

If yes, please state which cou	untry and submit a copy of th	ne permit/visa					
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:/							
Arrival flight (if known):	Arrival flight (if known):						
Place of residence upon arriv	al:						
D. FAMILY INFORMATION	ON						
Spouse's (wife/husband) full							
Nationality of spouse:							
Particulars of children under	18 years of age:						
Name	Date of birth	Place of birth					
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E. EDUCATION AND EMI	PLOYMENT INFORMAT	ION					
Profession/occupation:							
Briefly describe your duties:							
Annual salary:							
Particulars of employment (beginning with current employment):							

Employer		nployer's address					Duration of employment
j							
Universities attended:							
Name		Add	ress		Dates		
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			•				
		•					
					· · · ·		
Qualifications held (e.g	g. degr	ees, certificate	s) and dates a	warded:			
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
. SECURITY AND B	ACK	GROUND					
ist the countries that y	ou ha	ve resided in v	vithin the last	five year	rs;		
	,		·				
		· · · · · · · · · · · · · · · · · · ·					

Do you	have a communicable disease of public health significance?   Yes	 _ N
lf yes,	please explain:	
· · · · · · · · · · · · · · · · · · ·		
ייטע אר	have a mental or physical disorder that poses or is likely to pose a threat	4_
	ety or welfare of yourself or others?   Yes   No	Ю
f yes, p	please explain:	
lave yo	ou ever been convicted of any offence?   Yes   No	
f yes, p Ære co	lease provide full details of the offence, the penalty, the court in which you	u
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plicati	to the best of my knowledge and belief that the information given in on is correct. I understand that the discovery of any statement which is fall the disco	ı th İse i
OGTATIO	l particular may render me liable to prosecution.	

Dated the	e day of e me this		20	declared to
before	e me this	day of	,	20
	•			
	Commissioner of Oa	ths, Notary Public,	Justice of the Pe	ace
	FOR	OFFICIAL USE O	ONLY	
		<del></del>		
		FORM IIA		
*	APPLICA	ATION FORM – B	H-4S PERMIT	
Note:				
The follow	ing must be submitted a		eted application f	orm:
(a)	certified copy of marr	iage certificate		
(b)	copy of passport(s)	·		
(c)	two (2) passport size prints	photographs in col	lour with signatu	re on reverse o
(d)	police certificates cov	ering five (5) years	residence	
(e)	medical certificate da on which this applicat		thirty (30) days	before the dat
<b>(f)</b>	two (2) testimonials o	f good character		
A PERS	ONAL INFORMATIO	N .		

First name: Middle	
name:	
Date of birth: / / day month year	Place of birth:(City)(State/Province)
Sex: ☐ Male ☐ Female	(Country)
Nationality:	
above?	ther nationality other than the one indicated
If yes, please state the country:	
Do you hold a passport for the other nati	ionality stated above?
□ Yes □ No	
If yes, please provide the passport numb	er:
Are you a permanent resident other than	your country of origin?   Yes   No
f yes, please provide your national ident	tification number:
f yes, please provide your national ident  Tome address:	tification number:
	City State/Province
Iome address:	
Iome address:  Street address  Country	City State/Province
Street address  Country  Celephone contacts*:  (Print (Second	City State/Province
Street address  Country  Celephone contacts*:  (Print (Second	City State/Province  Postal zone/ZIP code  nary phone number) ondary phone number)

B, PASSPORT INFORMATI	ON	
Passport number:		-
Country issuing passport:	:	
Issuance date: / day month	year	
Expiration date: / day month	year	
C. TRAVEL INFORMATIO	N	
Will you be accompanied by y	our spouse? □ Yes	□ No
Will you be accompanied by y	our children?   Yes	□ No
Date of arrival in The Bahama	s: / / / day month year	
Arrival flight (if known):		
Place of residence upon arriva		
D. FAMILY INFORMATIO		
Spouse's (wife/husband) full n Nationality of spouse:		
Particulars of children under 1		
Name	Date of birth	Place of birth
	·	
1		
E. SECURITY AND BACK		
List the countries that you hav	e resided in within the la	st five years:

·	
<del></del>	
Do you have a communicable disease of public health sign	ificance? □ Yes □ N
If yes, please explain:	
<u></u>	
	-
Do you have a mental or physical disorder that poses or is to	kely to nose a threat to
the safety or welfare of yourself or others?   Yes  f yes, please explain:	kely to pose a threat to □ No
he safety or welfare of yourself or others?	
the safety or welfare of yourself or others?   Yes  f yes, please explain:	
the safety or welfare of yourself or others?   Yes  f yes, please explain:	
the safety or welfare of yourself or others?   Yes  f yes, please explain:	
he safety or welfare of yourself or others?   Yes  f yes, please explain:	
the safety or welfare of yourself or others?   Yes  f yes, please explain:	
the safety or welfare of yourself or others?   Yes  If yes, please explain:	□ No
In the safety or welfare of yourself or others?   If yes, please explain:  If yes, please explain:  If yes, please explain:  If yes, please explain:  If yes, please provide full details of the offence, the penalty, the penalty of the penalty, the penalty of the penalty, the penalty of the pena	□ No
In the safety or welfare of yourself or others?   If yes, please explain:  If yes, please explain:  If yes, please explain:  If yes, please explain:  If yes, please provide full details of the offence, the penalty, the penalty of the penalty, the penalty of the penalty, the penalty of the pena	□ No
If yes, please explain:  Have you ever been convicted of any offence?   Yes  If yes, please provide full details of the offence, the penalty, the penalty of the penalty	□ No
If yes, please explain:  Have you ever been convicted of any offence?   Yes  If yes, please provide full details of the offence, the penalty, the penalty of the penalty	□ No
If yes, please explain:	□ No
If yes, please explain:  Have you ever been convicted of any offence?   Yes  If yes, please provide full details of the offence, the penalty, the penalty of the penalty	□ No
Have you ever been convicted of any offence?   Yes  Yes  Yes  Yes	□ No
Have you ever been convicted of any offence?   Yes  Yes  Yes  Yes	□ No

Signature		<del></del>		
Date:				
Dated the	day of	dovof	20	declared to
before me this _		day of		20
Comm	issioner of Oa	aths, Notary Public,	Justice of the P	'eace
,		, 110taly 1 dollo,	Justice of the f	cucc
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	FOR	OFFICIAL USE (	ONLY	***************************************
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Made this 27th day of March, 2019.

Signed BRENT SYMONETTE Minister responsible for Immigration