

INDIVIDUAL APPLICATION FORM

CHECK LIST FOR ALIEN LAND HOLDING LICENCE APPLICATION

ITEM	CHECKED BY APPLICANT	CHECKED BY LANDS & SURVEYS
NAME OF APPLICANT		
ADDRESS		
PHOTOGRAPH ATTACHED		
BLOCK & PARCEL #		
PLANNING APPROVAL # & DECISION NOTICE		
SITE PLAN AND MAP OF LAND		
APPLICATION FEES RECEIPT #		
BANK REF: (REFERENCE LETTER)		
POLICE REF:		
PERSONAL REF: (REFERENCE LETTER)		
TAX CLEARANCE FORM		
COPY OF PASSPORT DETAILS PAGE		
SIGNATURE ON APPLICATION FORM		

RECEIVED BY DATE20

Note: All Applications must include the above items and be submitted to the Director of Lands & Surveys for review before processing.

INDIVIDUAL ALIENS LAND HOLDING LICENCE APPLICATION FORM

NAME OF APPLICANT	
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NAME OF AGENT TELEPHONE No. FAX:	
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TYPE OF DEVELOPMENT CATEGORY (Please check appropriate Box)	<input type="checkbox"/> PRIVATE HOME (No Rental Rights) <input type="checkbox"/> VILLA (Private Home with Rental Rights) <input type="checkbox"/> TOURISM (Hotel, Condominiums etc) <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRY <input type="checkbox"/> OTHER (Specify)
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LOCATION	REGISTRATION SECTION	BLOCK & PARCEL
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A recent colour photograph of the applicant

Please print in BLOCK CAPITALS using black ink

Where more than one person is applying for a licence, a separate application form should be completed for each person. All the application forms should be bound together along with all other relevant documents and submitted with the fee of EC\$1075.00 (US\$400.00) per application to the Director of Lands & Surveys.

INDIVIDUAL ALIENS LAND HOLDING LICENCE APPLICATION FORM

1.0 APPLICANT

Title
Marital Status (if married give full name of spouse including maiden name of wife)
Family Name
Given Name
Former Name (if different from name given above)
Date of Birth
Place of Birth
Nationality (if naturalised attach a copy of the naturalisation certificate, and state former nationality)
Passport Number & Type
(Include copies of all pages)
Height in inches

Mr.	Mrs.	Ms.	Miss.	Dr.	Other
Day	Month	Year			

2.0 CURRENT ADDRESS

Street and Number
Town
State or Country
Zip or Post Code
Country
Telephone
Fax
Time at above address

3.0 SPOUSE INFORMATION

Title	Mr.	Mrs.	Ms.	Miss.	Dr.	Other
Name of Spouse						
Family Name						
Given Name						
Former Name (if different from name given above)						
Date of Birth	Day	Month	Year			
Place of Birth						
Nationality (if naturalised attach a copy of the naturalisation certificate, and state former nationality)						
Passport Number & Type <i>(Include copies of all pages)</i>						
Height in inches						

A recent colour photograph of the applicants spouse

4.0 CURRENT ADDRESS

Street and Number	
Town	
State or Country	
Zip or Post Code	
Country	
Telephone	
Fax	
Time at above address	

A. PERSONAL DETAILS

5.0 PREVIOUS ADDRESSES

Street and Number

Town

State or Country

Zip or Post Code

Country

Telephone

Fax

Time at above address

List Home addresses in full for previous seven years where different from above, and give related dates.

Street and Number

Town

State or Country

Zip or Post Code

Country

Telephone

Fax

Time at above address

List Home addresses in full for previous seven years where different from above, and give related dates.

INDIVUAL ALIENS LAND HOLDING LICENCE APPLICATION FORM

Street and Number

Town

State or Country

Zip or Post Code

Country

Telephone

Fax

Time at above address

List Home addresses in full for previous seven years where different from above, and give related dates.

6.0 WORK PLACE ADDRESS

Company Name

Street and Number

Town

State or Country

Zip or Post Code

Country

Telephone

Fax

Time at above address

7.0 PROFESSION

Give details of your profession or occupation over the past ten years; including the names and addresses of all employers and the nature of your employment; giving relevant dates and state briefly the reasons for changes.

A large, empty rectangular box with a black border, intended for the applicant to provide details of their profession or occupation over the past ten years, including names and addresses of employers, nature of employment, relevant dates, and reasons for changes.

8. Give details of professional qualifications and date(s) obtained. (if any)

9. Have you or your spouse ever been declared bankrupt or been the subject of a bankrupt petition, or ever received a judgement against you in a civil court? (If yes give details)

10. Have you as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a party to a lawsuit either as a plaintiff, or defendant as a result of misconduct? (If YES list all cases without exception, including bankruptcies)

11. Have you ever been arrested, detained, charge, indicted, convicted or summoned to answer for any criminal offence or violation for any reason whatsoever, regardless of the result of the event, in any country? (If YES list all case without exception and state results of each.)

No Continue

Yes

No Continue

Yes

No Continue

Yes

Signature _____
(applicant)

Date:

C. LAND AND DEVELOPMENT

15.0 DESCRIPTION OF LAND

Registration Section	
Block Number	
Parcel Number	
Property Valuation # <i>(if developed property)</i>	

(Applications will only be approved for whole parcels)

Acreage	Acre(s).	
Tenure	Freehold; Leasehold for	Years
Name of Vendor or lessor		
Purchase Price	US\$	
Open Market Value of Real Estate	US\$	
Cost of Furniture	US\$	

16.0 RESIDENTIAL DEVELOPMENT

(Please Check appropriate Boxes)

Is the application for a residence?	<input type="checkbox"/> Yes Continue
	<input type="checkbox"/> No Go to 17
Do you intend to build a new property	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Do you intend to renovate or convert an existing property?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Estimated time to complete from date of licence	Months
Floor area, based on external gross area in sq. ft	sq.ft.
Estimated cost of construction	US\$
Planning Permission decision notice number	
Do you intend to rent the property?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

15. NON RESIDENTIAL DEVELOPMENT

(Please Check appropriate Boxes)

Is application for non-residential development?

<input type="checkbox"/> Yes	Continue
<input type="checkbox"/> No	Go to 16
<input type="checkbox"/> Tourism	
<input type="checkbox"/> Industry	
<input type="checkbox"/> Commercial	
<input type="checkbox"/> Other (Specify)	
_____ sq.ft.	
Type of Construction -----	
Will development be phased?	<input type="checkbox"/> Yes No. of Phases _____
	<input type="checkbox"/> No
Time table from date of licence being granted	
Planning Permission decision notice number	
Source of Finance	<input type="checkbox"/> Institution
	<input type="checkbox"/> Personal
If Institution list name and address Name of Institution	
Street & Number	
Town	
State	
Zip or Post Code	
Country	
Telephone No.	
Fax No.	
Have you made any arrangements for persons, firms or companies to advance money, or other equity, to you to assist in financing your advancement in the proposed development.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

State Purpose

(Please provide a DEVELOPMENT BRIEF & BUSINESS PLAN)

Brief details of development

Gross area of construction

Type of Construction

Will development be phased?

Time table from date of licence being granted

Planning Permission decision notice number

Source of Finance

If Institution list name and address

Name of Institution

Street & Number

Town

State

Zip or Post Code

Country

Telephone No.

Fax No.

Have you made any arrangements for persons, firms or companies to advance money, or other equity, to you to assist in financing your advancement in the proposed development.

OTHER DETAILS

18.0 Application for any other interest

Give full particulars of interest to be acquired.

State any other property on Anguilla held by applicant.

Provide details of all business associations and affiliations and include supporting attachments such as:

- company details
- financial statements
- audited accounts
- details of ownership and source of investment funds

I/We certify that the details and information provided in this application is true and accurate to the best of my knowledge and no information has been intentionally omitted or provided to mislead the determination of this application.

I/We hereby authorise the Government of Anguilla to contact all relevant authorities and references and authorise the said authorities and references to provide you with whatever information you request.

Signed Date 20.....

APPLICATION TO
THE GOVERNMENT OF ANGUILLA
FOR
AN ALIENS LAND HOLDING LICENCE
TO
HOLD LAND ON ANGUILLA
UNDER THE ALIENS LAND HOLDING REGULATION ACT



To Be Submitted in Triplicate

