

IMMIGRATION DEPARTMENT
SAINT LUCIA

STATEMENT OF WITNESS

NAME _____

NATIONALITY _____ NIS # _____

TELEPHONE # _____ (HOME) _____ (WORK)

ADDRESS _____

DATE AND TIME _____

PLACE AND DATE OF BIRTH _____

OCCUPATION _____

This statement, consisting of _____ pages each signed by me, is true to the best of my knowledge and belief and I make it knowing that if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

SIGNED _____

DATE _____

SIGNED _____

DATE _____

SAINT LUCIA
IMMIGRATION DEPARTMENT

I _____ of _____
further certify that the attached statement was made by me. Same is true and correct. I have been told that if the
above information is found to be false, I am liable to be prosecuted.

I further swear that this statement is true and correct.

SIGNED _____

DATE _____

I _____ Justice of the Peace, residing at _____
do witnessed the above statement, this _____ day of _____, 20 .

SIGNED _____

DATE _____