

Medical Certificate

This Medical Certificate is to be completed in **English** by a registered medical practitioner. Please supply additional details on a separate sheet if necessary. **One form for each person** (including children) is to be completed. Note that the medical practitioner must ask for evidence of identification (such as a passport or ID card) – see sections A and D of this form.

A. Personal Details

A1. Surname or family name as shown in passport		A2. First or given name(s) as shown in passport	
A3. Place and country of birth	A4. Date of birth <div style="display: flex; justify-content: space-around; width: 100%;"> Day Month Year </div>		A5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
A6. Address		A9. ID/passport details – issuing country and ID/passport number	

B. Statement of Health

The Medical Examiner is requested to ask the following questions or to review them if they have been answered previously. Give details (if necessary on an attached sheet) and dates if any of the questions below are answered with yes.

B10. Do you currently have any serious health problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
B11. Have you been hospitalised in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No
B12. Have you visited a doctor in the last three years other than for routine check-ups? <input type="checkbox"/> Yes <input type="checkbox"/> No
B13. Do you suffer or have you ever suffered from tuberculosis, hepatitis, typhoid or any other communicable diseases? <input type="checkbox"/> Yes <input type="checkbox"/> No
B14. Do you suffer or have you ever suffered from AIDS or AIDS related conditions or any immune deficiency syndromes? <input type="checkbox"/> Yes <input type="checkbox"/> No
B15. Do you suffer or have you ever suffered from any nervous or mental illness or disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No

C. Medical Examination

The Medical Examiner is requested to examine the applicant generally and to answer the following questions. Give details and dates if any of the questions below are answered with yes.

C16. Weight (in kg)	C17. Height (in cm)
C18. Skin – Are there any signs of skin disease? <input type="checkbox"/> Yes <input type="checkbox"/> No	

C20. Cardiovascular system – Any signs of abnormalities, including pulse, blood pressure, heart murmurs? <input type="checkbox"/> Yes <input type="checkbox"/> No
C21. Digestive organs and abdomen – Any signs of abnormalities? <input type="checkbox"/> Yes <input type="checkbox"/> No
C22. Urogenital organs – Any signs of abnormalities? <input type="checkbox"/> Yes <input type="checkbox"/> No
C23. Nervous system and sense organs – Any signs of abnormalities? <input type="checkbox"/> Yes <input type="checkbox"/> No
C24. Musculoskeletal system – Any signs of abnormalities? <input type="checkbox"/> Yes <input type="checkbox"/> No
C25. Endocrine system – Any signs of abnormalities, including thyroid? <input type="checkbox"/> Yes <input type="checkbox"/> No
C26. Various – Any other signs of abnormalities? <input type="checkbox"/> Yes <input type="checkbox"/> No
C27. Final evaluation

Important: You must enclose **original** results of an **HIV (AIDS) test** showing clearly first name and surname. Note that the HIV test results must be **not older than 3 months**.

D. Medical Examiner Details and Declaration

D28. Full name of medical examiner	
D29. Organization	
D30. Position	
D31. Address	
D32. Telephone number	D33. Fax number
I hereby confirm that I have identified, questioned and examined the applicant and have answered all questions to the best of my knowledge and in good faith.	
Place and date	
Stamp and signature of medical examiner	

C4



Government of St. Kitts & Nevis

For official use only

Application Number

Investment Confirmation / Escrow Agreement

This Investment Confirmation and Escrow Agreement form is to be completed in **English** by the main applicant only. Family members who apply together should be mentioned in section B on this form and the total investment amount should be calculated and stated on this form accordingly (field B8 and section C).

A. Personal Details of Main Applicant

A1. Surname or family name as shown in passport		A2. First or given name(s) as shown in passport	
A3. Place and country of birth	A4. Date of birth Day Month Year	A5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

B. Details of Family Members to Be Included in Application

B6. List all family members who apply together with you under the same application		
Surname / First name	Date of birth	Relationship to main applicant
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

B7. Total number of dependants	B8. Total required investment amount
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Please calculate the **total required investment amount**, which includes all government/processing fees, according to the following schedule:

A) **Single applicant**: US\$ 200,000

B) Applicant with **up to three family members** (i.e. one spouse and two children below the age of 18): US\$ 250,000

C. Investment Confirmation

I herewith confirm that I will irrevocably invest the amount of US\$ _____ (total figure as calculated in field B8 of this form) as a contribution to the Sugar Industry Diversification Foundation, Basseterre, St. Kitts. This contribution is irrevocable except in the case citizenship would not be granted, i.e. the contribution is conditional only on a positive decision by the Government of St. Kitts & Nevis to grant citizenship to me and the persons listed in field B8 of this form.

D. Escrow Agreement

I herewith agree to pay, irrevocably and immediately upon signing of this form, the total amount as specified above into the SIDF escrow at Bank of Nova Scotia in St Kitts, as specified under section E. Payment Instructions. I understand that this escrow account is an account opened and operated under the supervision of the Ministry of Finance of St. Kitts & Nevis. My funds that I have placed in that account and that I have been confirmed to be invested under the Citizenship-by-Investment Program of St. Kitts & Nevis will be held in that account pending the decision of the Government whether or not to grant citizenship to me (and my family, if applicable). I understand that no interest is paid while the funds are held in escrow, and no extra fees or costs are due either.

If citizenship is granted, my funds will immediately be paid out.

If citizenship is not granted, for whatever reason, my funds will immediately be returned to me, except US\$ 3,500 per person (16 years or older) included in the application, which will be payable to the Government to cover certain expenses related to the processing of my application.

If no decision is made by the Government of St. Kitts & Nevis, my funds will be kept in escrow until 4 months from the date my application was received by the Government. Thereafter, if no decision is made by the Government, all funds will be immediately returned to me, except US\$ 3,500 per person (16 years or older) included in the application, which will be payable to the Government to cover certain expenses related to the processing of my application.

This Agreement shall be governed and construed in accordance with substantive St. Kitts & Nevis law only, without giving effect to its conflict-of-laws rules. All disputes, whether of contractual or other nature, arising out of or in connection with this Agreement or otherwise in connection with my application, including disputes on questions of conclusion, binding effect, amendments and termination, shall be resolved, to the exclusion of the ordinary courts, by a sole Arbitrator. The proceedings, including the appointment of the sole Arbitrator, shall be conducted under the Rules of Arbitration of the International Chamber of Commerce. The seat of the Tribunal shall be Basseterre, St. Kitts, and the language to be used in the proceedings shall be English. The decision of the Arbitral Tribunal shall be final.

I expressly agree and confirm that I and the persons included in this application will not, under any circumstances, take any legal action or commence proceedings of any kind against the Government of St. Kitts & Nevis or any of agents engaged to provide services to me, except provided in this Agreement.

More specifically, I expressly agree and confirm that I and the persons included in this application will not at any time or for any reason take legal action or commence proceedings of any kind against the Government of St. Kitts & Nevis or any of its agents or associated or affiliated parties, in any court or with any administrative body or agency in the United States of America (USA). I expressly waive any rights to take legal action or commence proceedings of any kind against the Government of St. Kitts & Nevis or any of its agents engaged to provide services to me, in any court or with any administrative body or agency of the USA.

This Agreement shall come into force upon me signing below. I agree that no signature or other confirmation is required from the Government of St. Kitts & Nevis to constitute the validity of this Agreement, and I understand that by placing my signature below this Agreement will come into full force.

Place and date	Signature of main applicant
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E. Payment Instructions

Please pay the total amount in US funds as specified above into the SIDF Escrow Account according to the following bank wire/payment instructions:

Pay to:

JP Morgan Chase Bank N. A
153 West 151st Street
4th Floor
New York, NY 10019
USA

ABA Number: 021000021

SWIFT: CHASUS33

Chips ABA: 0002

For credit to:

Bank of Nova Scotia (Scotiabank), St. Kitts and Nevis
Fort Street
Basseterre
St. Kitts
Federation of St. Kitts & Nevis
West Indies

Transit #: 94235

For final credit to:

Account Name	SIDF Escrow (SKN)
Account Number	51368481

Important – Please Read Carefully

You must make sure that

- you **include your complete name as reference** with the payment, so that your payment can be properly recorded. The payment may be made from an account other than an account on your personal name, but your complete name must appear as reference with the wire transfer.
- the **full amount is credited free of any charges**, i.e. you should instruct your bank to cover all transfer charges, including the charges of corresponding banks and the recipient bank.
- you **enclose with this form a copy of the payment confirmation** from your bank, showing that the payment has been made and all relevant bank charges have been paid.