

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 _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 _____