

2017 *Grenada Citizenship by Investment (Amendment)* SRO. 42
(No. 3) Regulations

GRENADA

STATUTORY RULES AND ORDERS NO. 42 OF 2017

THE MINISTER IN EXERCISE OF THE POWERS CONFERRED ON HIM PURSUANT TO SECTION 16 OF THE GRENADA CITIZENSHIP BY INVESTMENT ACT NO. 15 OF 2013, MAKES THE FOLLOWING REGULATIONS—

(Gazetted 22nd December, 2017).

1. Citation. These Regulations may be cited as the

GRENADA CITIZENSHIP BY INVESTMENT (AMENDMENT)
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and shall be read as one with the Grenada Citizenship by Investment Regulations No. 17 of 2013, hereinafter referred to as the “principal Regulations.”

2. Amendment of Schedule I. Schedule I of the principal regulations is amended in the table headed “Qualifying investment for approved project applicant, government fees for significant Investment applicant and Applicants participating in the National Transformation Fund” as follows—

(a) by repealing the following—

| “Sub Grouping (A) | Payment Amount (USD) |
|--|-----------------------------|
| National Transformation Fund - Single Applicant <i>Citizenship & Permanent Residence</i> | \$200,000.00” |

and substituting therefor—

| “Sub Grouping (A) | Payment Amount (USD) |
|--|-----------------------------|
| National Transformation Fund - Individual Applicant <i>Citizenship & Permanent Residence</i> | \$150,000.00” |

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- (b) by deleting the words “single applicant” where they appear and substituting therefor the words “individual applicant.”.

3. Amendment of Schedule II. Schedule II of the principal Regulations is amended by deleting Form I and substituting therefor the following new forms–

“



Grenada – Citizenship by Investment

An application to become a citizen of Grenada under the Grenada Citizenship by Investment Programme, pursuant to Section 5 of the Grenada Citizenship by Investment Act, 2013 (Act 15).

Personal Information - Form 1

Guidance: Please complete this form electronically. One copy should be completed for all applicants. Any additional information should be provided in Part D, and/or on separate pages. The signature in Part F should be witnessed by a commissioner for oaths, or jurisdictional equivalent.

| | |
|---|---|
| <p>Are you completing this form as</p> <p>Main Applicant (MA) Authorized Agent of the MA</p> <p>Spouse of the MA Benefactor of the MA</p> <p>Dependent of MA</p> | <p>PLEASE NOTE: All statements and declarations made in this application by anyone completing this application on behalf of the Main Applicant shall be deemed to be statements and/or declarations made by the Main Applicant himself or herself.</p> |
|---|---|

| Part A: Personal Information | |
|---|---|
| <p>A1. Relationship within Application</p> <p style="text-align: center;">Main Applicant Other relationship (please specify):</p> | |
| <p>A2. Title</p> <p style="text-align: center;">Mr Mrs Miss Ms Other</p> | <p>A3. Full name in ethnic script (if applicable)</p> |
| <p>A4. Full surname, as per birth certificate</p> | <p>A5. Full first & middle names, as per birth certificate</p> |
| <p>A6. Full surname, as per passport</p> | <p>A7. Full first & middle names, as per passport</p> |

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| | | |
|--|--|-----------------------------------|
| A8. Other names including maiden name(s), previous married names(s), and/or alias(es) | | |
| Other surnames | | |
| Other first and middle names | | |
| Name changed by | | |
| A9. Place of birth (including city and country) | A10. Date of birth (DD/MM/YYYY) | A11. Gender Male Female |
| A12. Previous nationalities held | A13. Current nationalities held | |

| | | |
|---|--|--|
| A14. Marital Status (select as appropriate) | A15. List the date(s) and place(s) that this status was registered (If more than once, please include in Part D) | |
| <input type="checkbox"/> Single | | |
| <input type="checkbox"/> Married | | |
| <input type="checkbox"/> Divorced | | |
| <input type="checkbox"/> Legally Separated | | |
| <input type="checkbox"/> Widowed | | |

A16. Current residency permits or visas (specify type) (If necessary continue on additional pages, quoting Form 1, Question A16)

| Country | Date of Issue | Date of Expiry | No Expiry |
|---------|---------------|----------------|--------------------------|
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

A17. Passport details (if a holder of multiple passports, details of all passports must be provided. Continue on supplemental pages if necessary, quoting Form 1, Question A17)

| | Passport 1 | Passport 2 | Passport 3 |
|-----------------|------------|------------|------------|
| Issuing country | | | |
| Passport number | | | |
| Place of Issue | | | |

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| Part B: Family, Education, and Employment | | |
|---|---|---|
| B1. Details of spouse | | <input type="checkbox"/> TICK IF NOT APPLICABLE |
| Current surname, as per passport | Current first & middle names, as per passport | |
| Place of birth (including city and country) | Citizenship(s) | Date of birth |
| Residential address | | <input type="checkbox"/> TICK IF ADDRESS IS SAME AS A18 |
| Number and street | | |
| City | | |
| Country | | |
| Post Code | | |
| B2. Details of father (biological or adoptive) | | <input type="checkbox"/> TICK IF NOT APPLICABLE |
| Current surname, as per passport | Current first & middle names, as per passport | |
| Place of birth (including city and country) | Citizenship(s) | Date of birth |
| Residential address | | <input type="checkbox"/> TICK IF ADDRESS IS SAME AS A18 |
| Number and street | | |
| City | | |
| Country | | |
| Post Code | | |
| B3. Details of mother (biological or adoptive) | | <input type="checkbox"/> TICK IF NOT APPLICABLE |
| Current surname, as per passport | Current first & middle names, as per passport | |

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| | | |
|---|----------------|---|
| Place of birth (including city and country) | Citizenship(s) | Date of birth |
| Residential address | | <input type="checkbox"/> TICK IF ADDRESS IS SAME AS A18 |
| Number and street | | |
| City | | |
| Country | | |
| Post Code | | |

| | | |
|---|----------------|---|
| B4. Details of children (including biological, adopted, and step-children) | | <input type="checkbox"/> TICK IF NOT APPLICABLE |
| Current surname, as per passport | | Current first & middle names, as per passport |
| Place of birth (including city and country) | Citizenship(s) | Date of birth |
| Residential address | | <input type="checkbox"/> TICK IF ADDRESS IS SAME AS A18 |
| Number & street | | |
| City | | |
| Country | | |
| Post Code | | |

| | | |
|---|----------------|---|
| Current surname, as per passport | | Current first & middle names, as per passport |
| Place of birth (including city and country) | Citizenship(s) | Date of birth |
| Residential Address | | <input type="checkbox"/> TICK IF ADDRESS IS SAME AS A18 |
| Number & street | | |
| City | | |
| Country | | |
| Post Code | | |

(For additional children, please include details on a separate copy of this page)

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| | | | |
|---|----------------|---|---|
| B5. Details of brothers and sisters | | | <input type="checkbox"/> TICK IF NOT APPLICABLE |
| Current surname, as per passport | | Current first & middle names, as per passport | |
| Place of birth (including city and country) | Citizenship(s) | Date of birth | |
| Residential address | | | <input type="checkbox"/> TICK IF ADDRESS IS SAME AS A18 |
| Number and street | | | |
| City | | | |
| Country | | | |
| Post Code | | | |

| | | | |
|---|----------------|---|---|
| Current surname, as per passport | | Current first & middle names, as per passport | |
| Place of birth (including city and country) | Citizenship(s) | Date of birth | |
| Residential address | | | <input type="checkbox"/> TICK IF ADDRESS IS SAME AS A18 |
| Number and street | | | |
| City | | | |
| Country | | | |
| Post Code | | | |

(For additional brothers and sisters please include details on a separate copy of this page)

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| | | | |
|---|------------------|--------------------------|------------------------|
| B6. Details of secondary education and above <input type="checkbox"/> TICK IF NOT APPLICABLE (please continue in Part D if necessary) | | | |
| Name of institution | City and country | | Qualification obtained |
| Date from (month and year) | | Date to (month and year) | |

| | | | |
|----------------------------|------------------|--------------------------|------------------------|
| Name of institution | City and country | | Qualification obtained |
| Date from (month and year) | | Date to (month and year) | |

| | | | |
|---|--|--------------------------|--|
| B7. Employment history for the past 10 years <input type="checkbox"/> TICK IF NOT APPLICABLE (including all periods of unemployment, retirement, self-employment, etc.) | | | |
| Position | | Full name of employer | |
| City and country | | Type of business | |
| Date from (month and year) | | Date to (month and year) | |

| | | | |
|----------------------------|--|--------------------------|--|
| Position | | Full name of employer | |
| City and country | | Type of business | |
| Date from (month and year) | | Date to (month and year) | |

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| | | | |
|----------------------------|--|--------------------------|--|
| Position | | Full name of employer | |
| City and country | | Type of business | |
| Date from (month and year) | | Date to (month and year) | |

| | | | |
|----------------------------|--|--------------------------|--|
| Position | | Full name of employer | |
| City and country | | Type of business | |
| Date from (month and year) | | Date to (month and year) | |

| | | | |
|----------------------------|--|--------------------------|--|
| Position | | Full name of employer | |
| City and country | | Type of business | |
| Date from (month and year) | | Date to (month and year) | |

| | | | |
|----------------------------|--|--------------------------|--|
| Position | | Full name of employer | |
| City and country | | Type of business | |
| Date from (month and year) | | Date to (month and year) | |

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| Part C: Declarations | | |
|---|-----|----|
| Guidance: Please note that if you answer “yes” to any of the questions in Part C, you must provide a detailed explanation either in Part D, or on an supplemental sheet (quoting Form 1, and the question number) | | |
| C1. Have you ever been arrested, charged, convicted, found guilty or been expunged of any offence(s) (other than minor traffic citations) under the law in any country, including a CARICOM territory? | Yes | No |
| C2. Have any charges, or accusations, of illegal activity of any nature been made against you by a state or regulatory body in any country, including a CARICOM territory? | Yes | No |
| C3. Have you ever been sentenced to serve a period of time in detention or been in probation? | Yes | No |
| C4. Have you ever been involved, directly or indirectly, in the financing of terrorism or in any terrorist or criminal organization? | Yes | No |
| C5. Have you ever been under investigation by any law enforcement agency or tax authority in any country, including a CARICOM territory? | Yes | No |
| C6. Have you ever been involved personally, or as a director, in any bankruptcy, insolvency or liquidation? | Yes | No |
| C7. Have you ever been refused an entry visa to, been unlawfully present in, or been deported from any country, including a CARICOM territory, or sought to assist others to do the same? | Yes | No |
| C8. Have you ever had an entry visa cancelled? | Yes | No |
| C9. Have you ever had a residence permit application denied? | Yes | No |
| C10. Have you ever had an application for citizenship denied? | Yes | No |
| C11. Have your professional or business activities ever been barred, suspended, or otherwise limited by a state or regulatory body? | Yes | No |
| C12. Have you ever had a work permit application denied in any country, including a CARICOM territory? | Yes | No |
| C13. Have your details ever been recorded by the police in respect of any sexual offenses (i.e. on the sex offenders register), or are you subject to a notification order, a sexual offenses prevention order, a foreign travel order, or a risk of sexual harm order (or equivalent order) made in any country, including a CARICOM territory? | Yes | No |
| C14. Have you ever been charged in any country, including a CARICOM territory, for a criminal offence for which you have not yet been tried? | Yes | No |
| C15. Have you ever engaged in any activity which might indicate that you may not be considered a person of good character? | Yes | No |

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Part E: Privacy and Information Release

I hereby authorize, without reservation, the Government of Grenada and/or any agents or representatives that the government may appoint, to:

- i) Verify any information about me, my spouse, my children, or my parents, as required;
- ii) Obtain additional information, including credit reports, police reports, Interpol records, or any other report which the Government may determine to be relevant to this application, and I understand that such information, reports, and records may be obtained from public sources, government agencies or private agencies. I authorize any agency contacted by the Government of Grenada and/or its appointed agents or representatives to furnish the requested information, reports or records about me or my family members, and I release all parties involved from any responsibility and liability for doing so; and
- iii) Release any information in the forms of this application or otherwise, and any other information obtained by the Government of Grenada in order to verify that such information is complete, truthful, and accurate, and to obtain such other information as the Government of Grenada may determine is useful in determining whether to grant Permanent Residence status of Citizenship status to me and my dependents included in this application or for such other purposes as are set out in the laws of Grenada.

If there is any change in my circumstances during the interim period between the date of this application and the date of the granting of citizenship which affects the information I have given in this application, I confirm that I will promptly advise the Citizenship by Investment Unit in writing.

Part F: Declaration

I hereby apply, with full understanding and without reservation or legal impediment, to become a citizen of Grenada by virtue of the Grenada Citizenship by Investment Act, 2013.

In the event that the honor of citizenship in Grenada is granted to me, I solemnly pledge that:

- i) I will faithfully and carefully observe the laws of Grenada at all times;
- ii) I will not conduct myself in a manner which will bring dishonor or disrepute to Grenada or its people; and
- iii) I will not act against the interests of Grenada.

I hereby confirm that I will abide in all respects with the provisions of the Grenada Citizenship by Investment Act, 2013.

Part G: Date and Signature

Guidance: Where the applicant is a minor (under age 16), signature of the main applicant required

Signature

First name and surname

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| | | | | |
|--|-------------|--------------|--------------------------|---|
| A7. Passport issued by | | | A8. Passport expiry date | |
| A9. Fingerprints | | | | |
| | | | | |
| 1. R. Thumb | 2. R. Index | 3. R. Middle | 4. R. Ring | 5. R. Little |
| | | | | |
| 6. L. Thumb | 7. L. Index | 8. L. Middle | 9. L. Ring | 10. L. Little |
| | | | | |
| Left four fingers taken simultaneously | | L. Thumb | R. Thumb | Right four fingers taken simultaneously |

| | |
|--|------------------|
| Part B: Details of Person Authorised To Take Fingerprints | |
| B1. Full name | B2. Organization |
| B3. Position | B4. Address |
| B5. License number or certification (if applicable) | |

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| | |
|--|-----------------------|
| B6. Telephone number | B7. Fax number |
| Examiner Certificate I hereby certify that I have examined identification documents sufficient to satisfy myself of the identity of the applicant. | |
| Examiner signature and stamp: | |
| Place | Date |

Home Office Particulars - Form 3

Guidance: To be completed and signed for each applicant

| | |
|--|--|
| Part A: Particulars relating to the applicant | |
| A1. Full surname, as per birth certificate | A2. Full first & middle names, as per birth certificate |
| A3. Full surname, as per passport | A4. Full first & middle names, as per passport |
| A5. Other names including maiden name(s), previous married names(s), and/or alias(es) | |
| Other surnames | |
| Other first and middle names | |
| Name changed by | |
| A6. Current home address, in full | |
| Number and Street | |
| City | |
| Country | |
| Post Code | |

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| | | |
|--|---------------------------------------|--|
| A7. Occupation | | |
| A8. Place of birth (city and country) | A9. Date of birth (DD/MM/YYYY) | |
| A10. Nationality(ies) | | |
| A11. Marital status | | |
| Married Single Divorced | | |

| | |
|---|---|
| A12. Details of spouse (if applicable) | |
| Full name of spouse | |
| Address of spouse | <input type="checkbox"/> TICK IF ADDRESS SAME AS A6 |
| Number and Street | |
| City | |
| Country | |
| Post Code | |
| A13. Details of parents | |
| Mother's full name | Mother's nationality |
| Father's full name | Father's nationality |

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| |
|--------------------------|
| Part B: Signature |
| Signature |
| First name and surname |
| Date |

Medical - Form 4

Guidance: The medical health certification must be completed by a registered medical practitioner and signed by a licensed physician or physician's assistant authorized by law to perform medical examinations without supervision.

One medical health certification is required for each person (including children) who will be applying.

The medical practitioner must certify that he or she knows the identity of the person either through past personal or professional relationship, or by examining identification documents sufficient to satisfy the practitioner of the identity of the subject of the examination.

| | |
|--|--|
| Part A: Personal Details | |
| A1. Full surname, as per passport | A2. Full first and middle names, as per passport |
| A3. Place and country of birth | A4. Date of birth (DD/MM/YYYY) |
| A5. Gender Male Female | A6. Passport number |
| A7. Passport issued by | A8. Passport expiry date |

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Guidance: The medical examiner must ask the following questions and mark the answers given. If the answer to any question is yes, then details must be provided including medical diagnosis and dates.

| | | |
|--|-----|----|
| A9. Do you currently have any serious health problems or issues? | Yes | No |
| A10. Have you visited a doctor within the past three years other than for routine check-ups? | Yes | No |
| A11. Have you been admitted to a hospital or other medical care facility for treatment or diagnosis within the past five years? | Yes | No |
| A12. Do you suffer from tuberculosis, hepatitis, typhoid, or any other communicable disease? | Yes | No |

| | | |
|---|----------------------------|----|
| A13. Have you been diagnosed as having HIV, HTLV, AIDS, an AIDS related condition, or any immune deficiency syndrome? | Yes | No |
| A14. Do you suffer or have you ever suffered from any nervous or mental illness or disorder? | Yes | No |
| A15. Height (in cm) | A16. Weight (in kg) | |
| A17. Is your vision impaired and not corrected? | Yes | No |
| A18. Cardiovascular – Any abnormalities, or signs thereof (including relating to blood pressure, pulse or heart murmurs) | Yes | No |
| A19. Digestive system and abdomen – Any abnormalities, or signs thereof? | Yes | No |

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| | |
|--|-------------|
| A20. Musculoskeletal system – Any abnormalities, or signs thereof? | Yes No |
| A21. Endocrine system – Any abnormalities, or signs thereof? | Yes No |
| A22. Nervous system and sense organs – Any abnormalities, or signs thereof? | Yes No |
| A23. General health and other systems – Any abnormalities, or signs thereof? | Yes No |
| A24. Skin, nails, and hair – Any abnormalities, or signs thereof? | Yes No |

| | |
|--|------------------|
| A25. Comments and final evaluation | |
| A26. NOTE: Medical examiner must review the results of an HIV/AIDS test that correctly identifies this applicant and that was performed within three (3) months of the examination. Please check NO only if the test was unambiguously negative, and check YES otherwise, with remarks in the comments and evaluation section or on a separate sheet. | Yes No |
| Part B: Details of Medical Examiner | |
| B1. Full name | B2. Organization |

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| | |
|--|-----------------------|
| B3. Position | B4. Address |
| B5. Practitioner license number or certification (if applicable) | |
| B6. Telephone number | B7. Fax number |
| <p>Medical Examiner Certificate I hereby certify that I have identified, questioned, and examined the applicant and have answered all of the questions and supplied all of the information to the best of my knowledge and in good faith.</p> | |
| Medical examiner signature and stamp: | |
| Place of examination | Date of examination |

Employment Status, Source of Funds, and Business Affiliates - Form 5

Guidance: Please complete this form electronically. This form is to be completed by the Main Applicant (and benefactor, if applicable) only

| | |
|--|---|
| Part A: Main Applicant | |
| A1. Full surname, as per passport | A2. Full first & middle names, as per passport |
| A3. Date of birth (DD/MM/YYYY) | A4. Gender <div style="display: flex; justify-content: space-around;"> Male Female </div> |

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A5. Please provide a detailed explanation of the reason(s) that you are seeking to obtain an alternative citizenship for yourself and, if applicable, the dependents included within the application

Part B : Employment Status

Employment Status (tick more than one if applicable)

Self-Employed

Not Self-Employed

Retired

Complete Section 1

Complete Section 2

Continue to Part C

Section 1. Self-Employed

Guidance: Annual income is earned conducting operations from a business or trade, in which you own a controlling shareholding (50%+)

B1. Annual income (specify currency)

B2. Company name

B3. Country of incorporation/registration

B4. Date of incorporation/registration

| | | | |
|--|--|--|--|
| B5. Registered Office Address (in full) | | B6. Mailing Address (if different from registered office address) | |
| Number and street | | Number and street | |
| City | | City | |
| Country | | Country | |
| Post Code | | Post Code | |

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| | |
|--|------------------------------------|
| B7. Company telephone number | B8. Company website address |
| B9. Nature of the business (E.g. Container leasing, electrical supplies, jewellers, pharmaceutical) | |
| B10. Countries of business activities (E.g. the location of the principal markets in which you do business) | |

Section 2 – Not Self-Employed:

Guidance: Your annual income is earned working for an employer who pays your salary

| |
|--|
| B11. Annual income (specify currency) |
| B12. Position |
| B13. Company name |

| | |
|--------------------------------------|-------------------------------------|
| B14. Company Address | |
| Number and street | |
| City | |
| Country | |
| Post Code | |
| B15. Company telephone number | B16. Company website address |

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Part C: Source of Funds

Guidance: Source of funds is the activity which has generated the funds which will be invested in fulfilment of the financial obligations under the Grenada Citizenship by Investment Programme

C1. Description of the source of funds

Part D: Business Affiliations

D1. Please disclose a complete list of each company for which you are the beneficial owner of an equity interest (i.e. shareholder). (continue on a supplemental page if necessary, quoting Form 4, Question D1)

| Name of the Company | Registered Address of Company | % of Share Holding |
|---------------------|-------------------------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Part E: Bank Account Details

Guidance: Please provide the bank account details from which the balance of funds payable will be remitted.

| | |
|-----------------------------------|--|
| E1. Bank Name | |
| E2. Bank Address (in full) | |

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| Part B: Family Details | | |
|-------------------------------|----------------------------|--------------------------------|
| Full name (as per passport) | Date of birth (DD/MM/YYYY) | Relationship to main applicant |
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |
| 5) | | |
| 6) | | |
| 7) | | |

Citizenship Investment Criteria

Please complete EITHER Part C or D, according to the type of Qualifying Investment being made.

“**Qualifying Investment**” means:

- a) A contribution to the National Transformation Fund (“**NTF**”) established by the Government in accordance with section 10 of the Grenada Citizenship by Investment Act (2013); or
- b) The payment towards an approved project, in accordance with section 11 of the Grenada Citizenship by Investment Act, 2013.

| NTF Contribution |
|------------------------------------|
| C1. NTF Contribution Amount |

| Part D: Payment towards Approved Project |
|---|
| D1. Name of approved project |
| D2. Unit name or number |

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| |
|---|
| D3. Payment amount (in USD) |
| D4. Government fee (in USD) |
| <p>D5. Please tick here to confirm that you are including a copy of an, executed purchase and sale agreement between yourself and the developer with your application (If no, state reason).</p> <p style="text-align: center;">Yes No Reason:</p> |

Part E: Application, Processing, and Due Diligence Fees

| |
|---|
| <p>IMPORTANT: Please note that you are required to accompany the submitted citizenship application with the Due Diligence, Application, and Processing Fees as specified in the Regulations. Your agent will advise the required amounts.</p> |
| Processing Fees |
| E1. Total processing fees (in USD) |
| Application Fees |
| E2. Total Application Fees (in USD) |
| Due Diligence Fees |
| E3. Total Due Diligence Fees (in USD) |

Part F: Investment Declaration

| |
|--|
| <p>I herewith confirm that I am fully ready, willing, and able to submit the amount declared above to a designated account, to be invested on my behalf and considered as my Qualifying Investment, under the Grenada Citizenship by Investment Act, 2013.</p> |
| Signature |
| First name and surname |
| Date |

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Made by the Minister this 21st day of December, 2017.

KEITH MITCHELL
Minister responsible for Citizenship.

GRENADA

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PRINTING OFFICE, ST. GEORGE'S

22/12/2017.