

DISCLOSURE FORM - INDIVIDUAL

(Complete in Duplicate. Forward one (1) copy with the required attachments to the International Business Unit)

GENERAL INSTRUCTIONS

TYPE OR PRINT AS LEGIBLY AS POSSIBLE. AN ANSWER TO EVERY QUESTION IS REQUIRED. IF A QUESTION DOES NOT APPLY TO YOU INDICATE WITH "N/A". IF SPACE IS INSUFFICIENT, USE A SEPARATE SHEET.

ALL INDIVIDUALS ARE ADVISED THAT THIS PERSONAL HISTORY RECORD IS AN OFFICIAL DOCUMENT AND ANY MISREPRESENTATION OR FAILURE TO REVEAL INFORMATION REQUESTED MAY BE DEEMED TO BE SUFFICIENT CAUSE FOR THE REFUSAL OR REVOCATION OF HIS/HER APPLICATION/LICENCE.

**Place
Photo
Here**

LAST NAME¹
FIRST NAME
MIDDLE NAME(S)
ALIASES (Maiden or other name changes - Include date of change)
SOCIAL SECURITY NO. or NATIONAL ID NO.

Additional Personal Information:

Date of Birth _____ Place of Birth _____

Country of Citizenship _____ Passport No. _____

Mother's Maiden Name _____

Drivers License No. _____ State Issued _____

Color of Eye _____ Color of Hair _____ Complexion _____

¹ Provide a copy of your birth certificate, passport, Social Security/National ID, and Driver's license.

Weight _____ Height _____ Build _____

Distinguishing Marks _____

Current Residence Address: Date Since _____

Street _____ Apt/House No. _____

City _____ State _____

Country _____ Zip Code _____

Communication Numbers:

Residence Telephone (_____) _____ Cell Phone _____

Business Telephone (_____) _____ Fax No. (_____) _____

RESIDENCES (List all residences (other than current) you have had for the last ten (10) years)

1. From _____ To _____

Street _____ Apt/House No. _____

City _____ State _____

Country _____ Zip Code _____

2. From _____ To _____

Street _____ Apt/House No. _____

City _____ State _____

Country _____ Zip Code _____

3. From _____ To _____

Street _____ Apt/House No. _____

City _____ State _____

Country _____ Zip Code _____

Marital Information:

Single Married Separated Divorced Widowed Engaged

Current Marriage²:

Date _____ Place/City _____

State _____ County _____ Country _____

Spouse's Full Name (Maiden) _____

Spouse's Place of Birth _____

Spouse's Residence (if different) Street _____ Apt/House No. _____

City _____ State _____

Country _____ Zip Code _____

Spouse's Residence Telephone (if different) _____

Spouse's Business Telephone _____ Cell Phone _____

Spouse's Employer _____ Occupation _____

Address of Spouse's Employer Street _____

City _____ State _____

Country _____ Zip Code _____

Previous Marriages/Engagement

(If ever legally separated, divorced or annulled, indicate below)

Name of Spouse	Date of Order/Decree	Nature of Action	City/Sate/Country

List the names, birth dates, and addresses of previous spouses. **If engaged, enter future spouse with notation:**

Name	Birth Date	Address

² Please provide a copy of your marriage certificate

Family Information

Children and Dependents: List all children, including stepchildren and adopted children and provide the following:

Name	Birth Date	Address	Occupation

Parents: List parents, parents-in-law, or legal guardian and provided the following:

Name	Birth Date	Address	Occupation
Father:			
Mother:			
Father-in-Law:			
Mother-in-Law:			

Brothers and Sisters: List all brothers and sisters and provide the following:

Name	Birth Date	Address	Occupation

EDUCATION

List all academic and trade schools attended:

	School Name	Address	Dates Attended	Graduated
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>
College/University				Yes <input type="checkbox"/> No <input type="checkbox"/>
College/University				Yes <input type="checkbox"/> No <input type="checkbox"/>
College/University				Yes <input type="checkbox"/> No <input type="checkbox"/>
Trade				Yes <input type="checkbox"/> No <input type="checkbox"/>

List all Academic Degrees Conferred:

Degree	College/University	Date

EMPLOYMENT HISTORY: Beginning with your current employment, list your work history, all business with which you have been involved, and/or all periods of unemployment for the past 10 years. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder, or related capacity. (If self-employed provide the name, address and nature of Business)

Note: May we contact your current employer? Yes No

Name of Employer	Address of Employer (Include Tel. No.)	Position Held	Dates (Month and Year)	Reason for Leaving
		Supervisor's Name:	From To	
		Supervisor's Name:	From To	
		Supervisor's Name:	From To	
		Supervisor's Name:	From To	

MILITARY INFORMATION

Have you ever served in any armed forces? Yes³ No
(If yes, answer the following questions)

Branch _____

Date of entry active service _____

Date of separation _____ Type of Discharge _____

Rating at separation _____ Serial Number _____

While in the Military service were you ever arrested for an offense, which resulted in summary action, a trial, or special or general court martial? Yes No (If yes, furnish details.)

ARRESTS, DETENTIONS, AND LITIGATIONS

 (Include those arrests in which you were not convicted.)

Have you ever been arrested, detained, charged, indicted, or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except Minor traffic citations.) Have you ever testified before a grand jury or investigative hearing or probe? If so give details. List all cases without exception.

Have you ever been subpoenaed to appear to testify before a federal, state, or county grand jury, board or commission? Yes No (If yes give details)

Has a criminal indictment, information, or complaint ever been returned against you, but for which you were not arrested or in which you were named as an un-indicted co-party?

Yes No If yes, furnish details.

Have you ever received a pardon for any criminal offense? Yes No
If yes, note Date, City, County, State and Country.

Have you ever had a civil or criminal record expunged or sealed by a court order?

Yes No If yes, give details.

Have you, as an individual, or as an owner, partner, director or officer of any partnership, corporation or other entity, ever been a party to a lawsuit as either a plaintiff or defendant? (Other than divorces). Yes No

If yes, give details. List all cases without exception, including bankruptcies:

Plaintiff/Defendant	Court & Case No.	City/County/State Country	Disposition

³ Provide a copy of your USA military record, (DD214) or discharge papers from country of military service

CHARACTER REFERENCES

Complete the following tables by listing three (3) character references who have known you for five (5) years or more. DO NOT include relatives, present employer, or employees:

First Name/Middle Initial	Last Name	Years Known
Address	City/State/Zip Code	Occupation
Employer	Work Phone	Home Phone

First Name/Middle Initial	Last Name	Years Known
Address	City/State/Zip Code	Occupation
Employer	Work Phone	Home Phone

First Name/Middle Initial	Last Name	Years Known
Address	City/State/Zip Code	Occupation
Employer	Work Phone	Home Phone

Have you ever held a privileged or professional license in any state, including but not limited to the following:

- | | | | |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| Liquor | <input type="checkbox"/> | Boxing Promoter | <input type="checkbox"/> |
| Real Estate Broker or Salesman | <input type="checkbox"/> | Race Horse/Race Dog Owner | <input type="checkbox"/> |
| Accountant | <input type="checkbox"/> | Jockey | <input type="checkbox"/> |
| Lawyer | <input type="checkbox"/> | Trainer or Manager | <input type="checkbox"/> |
| Doctor | <input type="checkbox"/> | Securities Dealer | <input type="checkbox"/> |
| Casino Operator | <input type="checkbox"/> | | |

If yes to the previous question, state type of license, where held, years held, and the nature of any disciplinary actions taken against you with respect to these licenses.

Have you ever applied for citizenship of any other country? Yes No
(If yes give details)

Have you ever been the subject of any order, judgment or decree of any federal or state authority barring, suspending, or otherwise limiting your right to engage in any professional or business practice or activity? Yes No
(If yes give details)

I certify that the facts contained in this disclosure are true and complete to the best of my knowledge and I further understand that any false statements on this form shall be grounds for rejection.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company conducting the investigation and the Government of Dominica from all liability for any damage that may result from utilization of such information.

SIGNATURE _____ DATE _____

Subscribed and sworn to before me this _____ day of _____, 2005.

Notary Public

Commission Expiration Date

SEAL