

#### Form S2

# Application for registration as:

- a British citizen
- a British Overseas Territories citizen
- a British Overseas citizen
- a British subject

by or on behalf of a stateless person born outside of the UK and the overseas territories on or after 1 January 1983

To be used by people in the Channel Islands, Isle of Man and British overseas territories, and by people who live elsewhere and want to apply by post.

The Home Office will use the personal information you provide to consider your application. We may also share your information with other public and private sector organisations in the UK and overseas. For more detail please see the Privacy Notice for the Border, Immigration and Citizenship system at <a href="www.gov.uk/government/publications/personal-information-use-in-borders-immigration-and-citizenship">www.gov.uk/government/publications/personal-information-use-in-borders-immigration-and-citizenship</a>. This also sets out your rights under the Data Protection Act 2018 and explains how you can access your personal information and complain if you have concerns about how we are using it.

IMPORTANT: Before completing this form, you should read the accompanying Guide. If there is not enough space for your answers, use a separate sheet of paper to provide additional information.

If you want help to complete your application form, you may wish to contact a competent adviser, for example a solicitor or agent registered with the Office of Immigration Services Commissioner - see page 3 of the guide which accompanies this form for details.

We recommend that you keep a copy of this application.

Please ensure that you read the guide which accompanies this form. You should ensure that you understand the criteria for registration before submitting your application. Full fees cannot be returned for applicants that fail or withdraw their application.

Please write in BLOCK CAPITALS using black or blue-black ink. Please enter all dates as dd-mm-yyyy, e.g. 29/04/2002

#### **Section 1 - Personal Information**

| 1.1   | .1 Please give here date and Home Office reference number of any previous application or orrespondence: |        |       |       |       |       |       |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
|-------|---|--------|-------|-------|-------|-------|-------|-------|-----|------|-------|------|-------|-------|------|------|------|------|------|------|-----|------|-------|-----|-----|--|
| COITE | onespondence.   |        |       |       |       |       |       |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
|       |   |        |       |       |       |       |       |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
| 1.2   | Deta  | ails c | of A  | ppli  | can   | t (th | ne s  | tate  | les | s pe | erso  | n).  | Title | e - p | lea  | se t | ick: |      |      |      |     |      |       |     |     |  |
|       | Mr  |        |       | Ν     | /Irs  |       |       | М     | iss |      |       |      | Ms    |       |      | Otl  | her  |      |      |      |     |      |       |     |     |  |
| 1.3   | Surr  | name   | e/Fa  | ami   | ly n  | ame   | e:    |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
|       |   |        |       |       |       |       |       |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
|       |   |        |       |       |       |       |       |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
| 1.4   | All o   | ther   | · na  | mes   | s:    |       |       |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
|       |   |        |       |       |       |       |       |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
|       |   |        |       |       |       |       |       |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
| 1.5   | Nam   | ne at  | t bir | th i  | f dif | fere  | nt f  | rom   | ab  | ove  | :     |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
|       | 1.5 Name at birth if different from above:  |        |       |       |       |       |       |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
|       |   |        |       |       |       |       |       |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
|       |   |        |       |       |       |       |       |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
|       |   |        |       |       |       |       |       |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
| 1.8   | If na   | me     | at b  | oirth | is (  | diffe | ren   | t frc | m y | /oui | r pre | esei | nt na | ame   | e, p | leas | se g | ive: |      |      |     |      |       |     |     |  |
| Date  | of ch   | nang   | ge to | o pr  | ese   | nt r  | nam   | e:    |     |      | D     | D    | M     | M     | Υ    | Υ    | Υ    | Υ    |      |      |     |      |       |     |     |  |
| 1.9   | Rea   | son    | for   | cha   | ange  | e (fc | or ex | kam   | ple | , ma | arria | age, | civ   | il pa | artn | ersł | nip, | dee  | ed p | oll, | ger | nder | · cha | ang | e): |  |
|       |   |        |       |       |       |       |       |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
| 1.10  | Pre   | esen   | ıt ad | ddre  | .ss.  |       |       |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
|       |   |        |       |       |       |       |       |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
|       |   |        |       |       |       |       |       |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
|       |   |        |       |       |       |       |       |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
|       |   |        |       |       |       |       |       |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |
| Post  | code  | :      |       |       |       |       |       |       |     |      |       |      |       |       |      |      |      |      |      |      |     |      |       |     |     |  |

|              | +  |       |      |       |      |       |       |       |      |       |      |      |       |            |      |      |     |  |  |          |  |  |   |
|--------------|--|-------|------|-------|------|-------|-------|-------|------|-------|------|------|-------|------------|------|------|-----|--|--|----------|--|--|---|
|              | +  |       |      |       |      |       |       |       |      |       |      |      |       |            |      |      |     |  |  |          |  |  | - |
| Posto        | ode  | :     |      |       |      |       |       |       |      |       |      |      |       |            | ļ    |      | ļ   |  |  | <u> </u> |  |  |   |
| 1.12         | Tel  | eph   | ione | nu    | mbe  | ers   | of t  | he    | oer  | son   | sigi | ning | g the | e ap       | plic | atic | n:  |  |  |          |  |  |   |
| Dayti        | me t   | elep  | ohor | ne r  | ıum  | ber   | :     |       |      |       |      |      |       |            |      |      |     |  |  |          |  |  |   |
| Mobil        | e tel  | eph   | one  | nu    | mb   | er:   |       |       |      |       |      |      |       |            |      |      |     |  |  |          |  |  |   |
| That         | pers   | on's  | s ho | use   | nu   | mbe   | er (i | f dif | fere | ent): |      |      |       |            |      |      |     |  |  |          |  |  |   |
| 1.13         | .13 Applicant's Email address:   |       |      |       |      |       |       |       |      |       |      |      |       |            |      |      |     |  |  |          |  |  |   |
|              |  |       |      |       |      |       |       |       |      |       |      |      |       |            |      |      |     |  |  |          |  |  |   |
|              |  |       |      |       |      |       |       |       |      |       |      |      |       |            |      |      |     |  |  |          |  |  |   |
| For v        | For validation purposes, please re-write your e mail address in the box below: |       |      |       |      |       |       |       |      |       |      |      |       |            |      |      |     |  |  |          |  |  |   |
|              | Tamasan parposos, preasons mino your o main address in the box below.          |       |      |       |      |       |       |       |      |       |      |      |       |            |      |      |     |  |  |          |  |  |   |
|              |  |       |      |       |      |       |       |       |      |       |      |      |       |            |      |      |     |  |  |          |  |  |   |
| Pleas        | se re  | por   | t an | y ch  | anç  | ge c  | of ac | ddre  | ess  | or te | elep | hor  | ne n  | ium        | ber. |      |     |  |  |          |  |  |   |
| 1.14         | lf n   | narr  | ied  | or ii | n a  | civi  | l pa  | rtne  | rsh  | ip, p | olea | se   | give  | <b>:</b> : |      |      |     |  |  |          |  |  |   |
| 1.15         | Ful  | ll na | me   | of h  | nusl | oan   | d/w   | ife/d | ivil | par   | tne  | r (b | efor  | e m        | arri | age  | :): |  |  |          |  |  |   |
|              | +  |       |      |       |      |       |       |       |      |       |      |      |       |            |      |      |     |  |  |          |  |  |   |
|              |  |       |      |       |      |       |       |       |      |       |      |      |       |            |      |      |     |  |  |          |  |  |   |
| 1.16<br>date |  |       | nd/\ | wife  | /civ | il pa | artne | er    | D    | D     | M    | M    | Υ     | Υ          | Υ    | Υ    |     |  |  |          |  |  |   |
| 1.17         | .17 Husband's/wife's/ civil partner's nationality:                             |       |      |       |      |       |       |       |      |       |      |      |       |            |      |      |     |  |  |          |  |  |   |
|              |  |       |      |       |      |       |       |       |      |       |      |      |       |            |      |      |     |  |  |          |  |  |   |
| 1.18         | .18 Husband's/wife's/ civil partner's place and country of birth:              |       |      |       |      |       |       |       |      |       |      |      |       |            |      |      |     |  |  |          |  |  |   |

1.11 Present address of the person signing the application (if different):

| 1.19           | riease                                | Схріа       | III UI        | ie ieas              | OII V        | viiy  | uic  | app  | )IIC6 | וונ | IIas | nec  | 511 S | late | 103 | 5 11 | OIII | ווווו | 1.   |       |      |  |
|----------------|---------------------------------------|-------------|---------------|----------------------|--------------|-------|------|------|-------|-----|------|------|-------|------|-----|------|------|-------|------|-------|------|--|
|                |                                       |             |               |                      |              |       |      |      |       |     |      |      |       |      |     |      |      |       |      |       |      |  |
|                |                                       |             |               |                      |              |       |      |      |       |     |      |      |       |      |     |      |      |       |      |       |      |  |
|                |                                       |             |               |                      |              |       |      |      |       |     |      |      |       |      |     |      |      |       |      |       |      |  |
|                |                                       |             |               |                      |              |       |      |      |       |     |      |      |       |      |     |      |      |       |      |       |      |  |
|                |                                       |             |               |                      |              |       |      |      |       |     |      |      |       |      |     |      |      |       |      |       |      |  |
|                |                                       |             |               |                      |              |       |      |      |       |     |      |      |       |      |     |      |      |       |      |       |      |  |
|                |                                       |             |               |                      |              |       |      |      |       |     |      |      |       |      |     |      |      |       |      |       |      |  |
| 1.20           | Details                               | of ap       | plica         | ınt's mo             | othe         | r:    |      |      |       |     |      |      |       |      |     |      |      |       |      |       |      |  |
| 1.21           | Her ful                               | l name      | <b>e</b> :    |                      |              |       |      |      |       |     |      |      |       |      |     |      |      |       |      |       |      |  |
|                |                                       |             |               |                      |              |       |      |      |       |     |      |      |       |      |     |      |      |       |      |       |      |  |
|                |                                       |             |               |                      |              |       |      |      |       |     |      |      |       |      |     |      |      |       |      |       |      |  |
| 1.22<br>1.23   | Date of                               |             | Duntr         | D M                  |              | Υ     | Υ    | Υ    | Υ     |     |      |      |       |      |     |      |      |       |      |       |      |  |
|                |                                       |             |               |                      |              |       |      |      |       |     |      |      |       |      |     |      |      |       |      |       | 1    |  |
| 1.24           | Nation                                | ality w     | hen           | the ap               | plica        | ant v | was  | bor  | 'n*:  |     |      |      |       |      |     |      |      |       |      |       |      |  |
|                |                                       |             |               |                      |              |       |      |      |       |     |      |      |       |      |     |      |      |       |      |       |      |  |
| 1.25           | Preser                                | nt natio    | nali          | ty:                  |              |       |      |      |       |     |      |      |       |      |     |      |      | _     |      |       |      |  |
|                |                                       |             |               |                      |              |       |      |      |       |     |      |      |       |      |     |      |      |       |      |       |      |  |
| subje<br>or na | British o<br>ect, state<br>aturalisat | how ton. If | his s<br>by n | status v<br>aturalis | vas<br>satio | acq   | uire | d, f | or e  | ха  | mple | e, b | y bii | rth, | ado | opti | on,  | des   | cent | t, re | gist |  |
| certii         | ficate and                            | u piace     | OII           | ssue.)               |              |       |      |      |       |     |      |      |       |      |     |      |      |       |      |       |      |  |
| 1.26           | Details                               | of ap       | plica         | ınt's fat            | ther:        |       |      |      |       |     |      |      |       |      |     |      |      |       |      |       |      |  |
| 1.27           | His full                              | name        | :             |                      |              |       |      |      |       |     |      |      |       |      |     |      |      |       |      |       |      |  |
|                |                                       |             |               |                      | _            |       |      |      |       |     |      |      |       |      |     |      | -    | _     |      |       |      |  |

| 28 Date of birth: DDMMYYYYY   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1.29 Place and country of birth:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.30 Nationality when the applicant was born*:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.31 Present nationality:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *(If a British citizen, a British overseas territories citizen, a British Overseas citizen, or a British subject, state how this status was acquired, for example, by birth, adoption, descent, registration or naturalisation. If by naturalisation or registration please give the date and number of the certificate and place of issue.)  1.32 Date of parent's marriage: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.32 Date of parent's marriage:  DDMMYYYYY  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If your parents are not married, and you are applying on the basis of your father's citizenship, please state what evidence of paternity you are providing:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.33 If someone is representing you, for example an agent, solicitor or you are making the application through a consulate, please tell us their:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.34 Name:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1.35 Address:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Postcode:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone number:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1.36 Name:

1.37 Address:

Postcode:

If your application is approved, you will need to take part in a citizenship ceremony. The venue will normally be within a local authority area near where you live. If you want to have your ceremony in another area you should give us details of the local authority location below.

### **Section 2 - Residence Requirements**

| page 3 of the guide).  | arrival in the United King                                      | gdom or the Britis   | h overseas territoi   | ries (see                      |
|--|---|--|---|--------------------------------|
| Date:  | D D M M Y   | YYY  |   |                                |
| Place:   |   |  |   |                                |
|  |   |  |   |                                |
| 2.2 Please give details of a territories during the last 3 years continue of the continue of t | ears. Failure to complete                                       | this will result in  |   |                                |
| Country visited  | Reason, for example,<br>holiday, business,<br>visiting relative | Date of departure from the United Kingdom / British overseas territories | Date of return<br>to the United<br>Kingdom /<br>British overseas<br>territories | Total No.<br>of days<br>absent |
|  |   |  |   |                                |
|  |   |  |   |                                |
|  |   |  |   |                                |
|  |   |  |   |                                |
|  |   |  |   |                                |
|  |   |  |   |                                |
|  |   |  |   |                                |
|  |   |  |   |                                |

| More absences shown on se                                | eparate sheet of pape | er: Yes            | No                   |          |
|--|-----------------------|--------------------|----------------------|----------|
| Total number of days absent                              | t (including any show | n on a separate sl | neet of paper)       |          |
| 2.3 Please provide details (see section 2 of the guide): |                       | dence throughout   | the 3 year qualifyin | g period |
| Address  |                       | Address            |                      |          |
|  |                       |                    |                      |          |
|  |                       |                    |                      |          |
|  |                       |                    |                      |          |
|  |                       |                    |                      |          |
| From:  |                       | From:              |                      |          |
| To:  |                       | To:                |                      |          |
|  |                       |                    |                      |          |

| Address | Address |
|---------|---------|
| From:   | From:   |
| To:     | To:     |
| 10.     | 110.    |
| Address | Address |
| From:   | From:   |
| To:     | То:     |
| Address | Address |
| From:   | From:   |
| То:     | То:     |
| Address | Address |
| From:   | From:   |
| То:     | То:     |

| 2.4 If absences from the United Kingdom and the British overseas territories exceed the 270 day<br>allowance please explain the special circumstances which it is felt the Home Secretary/Governor<br>should take into account when considering the application. |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
| All the applicants must fill in the declaration at section 4.  |
| 2.5 If the applicant qualifies for more than one of the following citizenships or status please tick he boxes to show which are being applied for.   |
| British citizenship  |
| British overseas territories citizenship   |
| British overseas citizenship   |
| British subject status (this box can be chosen only if none of the other boxes has been ticked.)   |
|  |

# **Section 3 - Referees and Identity**

| photograph has been<br>should read page 10<br>will be carried out to 6 | s to be filled in by your referees once<br>affixed aside as explained above. Y<br>of the guide to confirm that they are<br>ensure that referees meet the require<br>are genuine, and we may contact the | our referees<br>eligible. Checks<br>ements below | Affix passport size photo. See page of the guide |
|--|---|--|--|
| Name of applicant:   |   |  |  |
| example, doctor, mini example, accountant                              | ould be a person of any nationality waster of religion, civil servant, or a me<br>or solicitor (who is not representing p<br>nolder of a British citizen passport ar                                    | mber of a professio<br>you with this applica     | nal body for<br>ation). The other                |
| Both should declare t  | nat:  |  |  |
| • they are not a relat   | ive, solicitor or agent of the applican   | t  |  |
| • they are not related   | I to either referee   |  |  |
| • they are not emplo   | yed by the Home Office  |  |  |
| • they have not beer   | convicted of an imprisonable offend   | ce (see guide)                                   |  |
| • they have known the  | ne applicant personally for more thar   | n 3 years  |  |
| • they are willing to  | give full details of their knowledge of   | the applicant                                    |  |
| • they will advise the   | Home Office of any reason why the   | applicant should no                              | ot be registered                                 |
| 1st Referee ded  | claration   |  |  |
| I declare that I am qu   | alified to act as a referee.  |  |  |
|  | e is a true likeness of the applicant.<br>est of my knowledge the details give  |  | •  |
| 3.2 Say how you kn   | ow the applicant, and state your age  | and profession:                                  |  |
|  |   |  |  |
| 3.3 1st referee full   | name:   |  |  |
|  |   |  |  |
| 3.4 Sex: Ma  | le Female   |  |  |

| 3.5                            | Add  | ress   | 3:           |              |             |            |           |           |             |            |      |      |      |       |     |       |      |      |      |     |      |      |      |     |  |   |
|--------------------------------|--|--|--------------|--------------|-------------|------------|-----------|-----------|-------------|------------|------|------|------|-------|-----|-------|------|------|------|-----|------|------|------|-----|--|---|
|                                |  |  |              |              |             |            |           |           |             |            |      |      |      |       |     |       |      |      |      |     |      |      |      |     |  |   |
|                                |  |  |              |              |             |            |           |           |             |            |      |      |      |       |     |       |      |      |      |     |      |      |      |     |  |   |
|                                |  |  |              |              |             |            |           |           |             |            |      |      |      |       |     |       |      |      |      |     |      |      |      |     |  |   |
| Post                           | code   | <u>                                       </u> |              |              |             |            |           |           |             |            |      |      |      |       |     |       |      |      |      |     |      |      |      |     |  |   |
| _                              | u hav<br>arate<br>Day  | pied   | e o          | f pa         | per         |            |           |           | r le        | ess t      | than | 3 )  | /eai | rs pl | eas | se li | st p | revi | ous  | ad  | dres | sses | s on | ı a |  |   |
|                                |  |  |              |              |             |            |           |           |             |            |      |      |      |       |     |       |      |      |      |     |      |      |      |     |  |   |
| 3.7                            | Ema  | ail a  | ddre         | ess:         |             |            |           |           |             |            |      |      |      |       |     |       |      |      |      |     |      |      |      |     |  | _ |
| 3.8                            | 3.8 Current British citizen passport number (if any):  |  |              |              |             |            |           |           |             |            |      |      |      |       |     |       |      |      |      |     |      |      |      |     |  |   |
|                                | I understand that I may be liable for prosecution resulting in a penalty of up to 3 months   |  |              |              |             |            |           |           |             |            |      |      |      |       |     |       |      |      |      |     |      |      |      |     |  |   |
| impr<br>decl                   | understand that I may be liable for prosecution resulting in a penalty of up to 3 months mprisonment or a fine not exceeding £5000 or both, if I knowingly or recklessly make a false declaration.  Signature of 1st referee:  Date: |  |              |              |             |            |           |           |             |            |      |      |      |       |     |       |      |      |      |     |      |      |      |     |  |   |
| Sign                           |  |  |              |              |             |            |           |           |             |            |      |      |      |       |     |       |      |      |      |     |      |      |      |     |  |   |
|                                | Date.  |  |              |              |             |            |           |           |             |            |      |      |      |       |     |       |      |      |      |     |      |      |      |     |  |   |
|                                |  |  |              |              |             |            |           |           |             |            |      |      |      |       |     |       |      |      |      |     |      |      |      |     |  |   |
| 2no                            | d Re   | efe  | ree          | e d          | ec          | lar        | ati       | on        |             |            |      |      |      | -     |     |       |      |      |      |     |      |      |      |     |  |   |
| I dec<br>the a<br>the d<br>3.9 | pplica   | ant.<br>giv                                    | l co<br>en i | nfir<br>n th | m e<br>is f | ach<br>orm | of<br>are | the<br>co | poi<br>rrec | nts<br>ct. | in 3 | .1 a | abov | ∕e. I | CO  | nfiri | m th | at t | o th | e b |      |      |      |     |  |   |
|                                |  |  |              |              |             |            |           |           |             |            |      |      |      |       |     |       |      |      |      |     |      |      |      |     |  |   |
| 3.10                           | 2nd  | d re   | fere         | e fu         | ıll n       | am         | e:        |           |             |            |      |      |      |       |     |       |      |      |      |     |      |      |      |     |  |   |
|                                |  |  |              |              |             |            |           |           |             |            |      |      |      |       |     |       |      |      |      |     |      |      |      |     |  |   |
| 3 11                           | Se   | Χ.   |              | Ma           | ale         |            | ]         |           | Fe          | ma         | le   |      | ]    |       |     |       |      |      |      |     |      |      |      |     |  |   |

| Postcode:   |               |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| If you have been at this address for less than 3 years please list previous addresses on a separate piece of paper.  3.13 Daytime telephone number:   |               |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |               |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.14 Email address:   |               |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.15 Current British citizen passport number (if any):  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |               |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I understand that I may be liable for prosecution resulting in a penalty of up to 3 months imprisonment or a fine not exceeding £5000 or both, if I knowingly or recklessly make a false declaration. |               |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature of 2nd referee:   | Date:         |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | D D M M Y Y Y |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |               |  |  |  |  |  |  |  |  |  |  |  |  |  |

3.12 Address:

# Section 4 - Biometric enrolment (British citizenship applications only)

In accordance with British Nationality (General) (Amendment) Regulations 2015 anyone applying for naturalisation or registration as a British citizen must register their biometric information. For more information about registering your biometric information, please see the accompanying guidance notes, which you must read before completing this form.

If you have a current grant of leave on a biometric residence permit (BRP), you must provide your BRP for the application to be valid and complete.

| 4.1 Have you been issued with a BRP with a previous application for leave? |   |                         |       |               |        |        |      |     |  |  |   |  |  |  |
|--|---|-------------------------|-------|---------------|--------|--------|------|-----|--|--|---|--|--|--|
| Yes  | go to question  | 4.2                     | No    | go            | o to q | luesti | on 4 | .12 |  |  |   |  |  |  |
| curre  | Please give details of your BRP. Please note for the application to be valid and complete, your current BRP must be provided, unless it is not available for one of the reasons specified on the application form.  4.2 BRP number: |                         |       |               |        |        |      |     |  |  |   |  |  |  |
| 4.2  | BRP number:   |                         |       |               |        |        |      |     |  |  |   |  |  |  |
| 4.3  | 4.3 Issue date:    D   D   M   M   Y   Y   Y  |                         |       |               |        |        |      |     |  |  |   |  |  |  |
| 4.5  | Place of Issue:   |                         |       | $\overline{}$ |        |        |      |     |  |  | Т |  |  |  |
|  |   |                         |       |               |        |        |      |     |  |  |   |  |  |  |
| 4.6  | Nationality:  |                         |       |               |        |        |      |     |  |  |   |  |  |  |
|  |   |                         |       |               |        |        |      |     |  |  |   |  |  |  |
| 4.7  |   | es No                   |       |               |        |        |      |     |  |  |   |  |  |  |
| If no  | t enclosed then pleas   | e state the location of | oiome | tric resi     | denc   | e per  | mit: |     |  |  |   |  |  |  |
|  | If not enclosed then please state the location of biometric residence permit:   |                         |       |               |        |        |      |     |  |  |   |  |  |  |
| Retu   | Returned to Home Office go to question 4.8  |                         |       |               |        |        |      |     |  |  |   |  |  |  |
| Lost   | Lost go to question 4.9   |                         |       |               |        |        |      |     |  |  |   |  |  |  |
| Stole  | Stolen go to question 4.10  |                         |       |               |        |        |      |     |  |  |   |  |  |  |
| Othe   | Other go to question 4.11   |                         |       |               |        |        |      |     |  |  |   |  |  |  |

| 4.8 If the required BRP has been returned to the Home Office, please give details of the reason it was sent to us:  |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
|   |  |  |  |  |
| Date it was sent to us:   |  |  |  |  |
| 4.9 If the BRP was lost please give the date this was reported to the Home Office card management service:  |  |  |  |  |
| 4.10 If the biometric resident permit was stolen, please give the police report number, crime reference number, the police station and the date reported to the police. |  |  |  |  |
| Police report number:   |  |  |  |  |
|   |  |  |  |  |
| Crime reference number:   |  |  |  |  |
|   |  |  |  |  |
| Dalias atations   |  |  |  |  |
| Police station:   |  |  |  |  |
|   |  |  |  |  |
| Date reported to the police:  |  |  |  |  |
| 4.11 If the required BRP is not enclosed please give details why you are unable to provide it:  |  |  |  |  |
| 4.11 If the required bixt is not enclosed please give details willy you are dilable to provide it.  |  |  |  |  |
|   |  |  |  |  |
| 4.12 Have you had your fingerprints taken as part of a previous UK immigration application made in the UK or abroad?  |  |  |  |  |
| Yes go to question 4.13 No go to question 4.16  |  |  |  |  |
| 4.13 Date your fingerprints were taken: DDMMYYYYY   |  |  |  |  |
| 4.14 Give details where your fingerprints were taken, including the town or city and country:   |  |  |  |  |
|   |  |  |  |  |

| 4.15 Give details of the British diplomatic post(s) involved if the application(s) was or were made abroad:   |  |  |  |
|---|--|--|--|
|   |  |  |  |
| 4.16 Do you have a medical or physical condition which may require special arrangements for your biometric features to be recorded?   |  |  |  |
| Yes please provide us with a letter from a doctor registered with the General Medical Council (GMC) giving details of the condition and/or special needs and explaining any arrangements that may be necessary. |  |  |  |
| Applicants under the age of 16  |  |  |  |
| Please complete questions 4.17, 4.18 and 4.19 (Applicants under the age of 16 must be accompanied by a parent or legal guardian)  |  |  |  |
| 4.17 Is the applicant:  |  |  |  |
| 16 years old or more complete questions 4.1 to 4.16, then go to 4.21  |  |  |  |
| Less than 16 years old go to question 4.18  |  |  |  |
| 4.18 Give details of the person who will be accompanying the applicant when he or she attends their biometric information enrolment appointment.  |  |  |  |
| Name of responsible adult:  |  |  |  |
| Date of birth:  DDMMYYYY  |  |  |  |
| Nationality:  |  |  |  |
| Relationship to child:  |  |  |  |
|   |  |  |  |
| 4.19 Is this person the applicant's parent or legal guardian?   |  |  |  |
| Yes go to question 4.21 go to question 4.20   |  |  |  |

| 4.20 Please explain why a person other than the applicant's parent or legal guardian will be accompanying the applicant:                   |       |  |
|--|-------|--|
|  |       |  |
|  |       |  |
|  |       |  |
|  |       |  |
| 4.21 Declaration:  |       |  |
| As required by British Nationality (General) (Amendment) (2) Regulations 2014, I confirm that I wish to register my biometric information. |       |  |
|  |       |  |
| Signature:   |       |  |
|  | Date: |  |
|  |       |  |

#### **Section 5 Declaration**

Warning: to give false information on this form knowingly or recklessly is a criminal offence punishable with up to 3 months' imprisonment or by a fine not exceeding £5000 or both. (Section 46(1) of the British Nationality Act 1981, as amended). 5.1 I (full name in block letters) declare that, to the best of my knowledge and belief, the information given in this application is correct. I know of no reason why I should not be registered as a British citizen. I promise to inform the Home Secretary in writing of any change in circumstances which may affect the accuracy of the information given whilst this application is being considered by the Home Office. I understand that information given by me will be treated in confidence, but may be submitted for checking against records held by other Government departments, the Security Service and other agencies, local authorities and the police, where it is necessary for immigration or nationality purposes, or to enable these bodies to carry out their functions. I understand that I may be liable for prosecution if I have knowingly or recklessly provided false or incomplete information. I authorise the HM Revenue & Customs to provide UK Visas and Immigration with any information relevant to this application, and with any information needed to check the information I have provided. I understand that any information provided to the HM Revenue & Customs in connection with this application may be used by them for the purpose of their statutory functions. 5.2 I confirm that I have read and understood the guide S2 - stateless persons registration. I confirm that I have enclosed the appropriate registration fee and payment slip. 5.4 I confirm that I have enclosed the appropriate documents. 5.5 I understand that a certificate of citizenship may be withdrawn if it is found to have been obtained by fraud, false representation or concealment of any material fact, or if on the basis of my conduct the Home Secretary considers it to be conducive to the public good. \*I declare that, although I do not meet all of the statutory requirements for registration, I believe that, in view of the following special circumstances, the Home Secretary should treat me as fulfilling those requirements or waive the need in my case to

\*Delete if not applicable

fulfil them.

| 5.7 Special circumstances - which requirements do you think you fail to meet and what are the special circumstances? Continue on a separate sheet of paper.  |                 |  |
|--|-----------------|--|
|  |                 |  |
|  |                 |  |
|  |                 |  |
|  |                 |  |
|  |                 |  |
|  |                 |  |
|  |                 |  |
|  |                 |  |
|  |                 |  |
|  |                 |  |
|  |                 |  |
|  |                 |  |
|  |                 |  |
|  |                 |  |
|  |                 |  |
|  |                 |  |
| 5.8 Please sign below once you are satisfied you have completed the form correctly. Fees are not fully refundable for applications that fail. You are recommended to read the guide, particularly those sections on how to qualify and the residence requirements. |                 |  |
| Signature  | Date            |  |
|  | D D M M Y Y Y Y |  |
|  |                 |  |
|  |                 |  |
|  |                 |  |