

ANTIGUA AND BARBUDA IMMIGRATION DEPARTMENT

APPLICATION FORM EXTENSION OF TIME

Application No. _____

START HERE - Please type or print in blue or black ink

Part 1. Information About You

Family Name (Last Name) _____

Given Names: _____

Address in Antigua _____

Street Number and Name _____

Village _____ Parish _____

Country of Birth _____ Country of citizenship _____

Date of Birth (mm/dd/yyyy) _____ Sex: _____

Contact Numbers _____

Date of Last Arrival _____

Current Immigration Status _____ Expiry Date _____

Marital Status _____ Name of Spouse _____

Occupation _____ Business Name _____

Business Address _____

Business contact Numbers: _____

Health Insurance No.: _____ Type: _____

N.B. Health Insurance is required for all applicants for an extension of time in accordance with Section 38 (2) (a) under the Immigration and Passport Act, 06 of 2014.

Part 2. Application Type

1. I am applying for: (*circle one*)

- a. An extension of stay on my current status
 - i. I am requesting that my current status be extended until _____
 - ii. Reason for the extension _____

- b. A change in my status. The new status I am requesting is _____
- c. An extension of my student permit status
- d. An extension of my resident permit.
- e. An extension of time for work permit endorsement.
 - i. Work permit Number _____
 - ii. Expires on _____

Part 3. Additional Information

Passport information:

Number _____ Country of Issuance: _____
Issue Date _____ Valid until _____

Home Address: (Foreign Address):

Street Number _____
Country _____ Zip/Postal Code _____

Part 4. Sponsor’s Information

Family Name (Last Name) _____
Given Names: _____
Local Address _____
Village _____ Parish _____
Country of Birth _____ Country of citizenship _____
Date of Birth (mm/dd/yyyy) _____ Sex: _____
Current Immigration Status _____ Expiry Date _____
Name of Employer _____
Business Address _____
Telephone Numbers: work _____ Mobile _____
Marital Status: _____ Name of Spouse _____
Current Immigration Status _____ Expires on _____

Part 5. Applicant's Statement and Signature (Read the information on penalties in the instructions before completing this section. You must file this application while in Antigua and Barbuda.)

Applicant's Statement (Check One):

- ☐ I can read and understand English, and have read and understand each and every question and instruction on this form, as well as my answer to each question.
- ☐ Each and every question and instruction on this form, as well as my answer to each question, has been read to me by the person named below in a language in which I am fluent. I understand each and every question and instruction on this form, as well as my answer to each question.

I certify, under penalty of perjury under the laws of Antigua and Barbuda, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that Antigua and Barbuda needs to determine eligibility for the benefit I am seeking.

Signature	Print Name	Date
Email Address		Telephone Numbers

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit and this application may be denied.

Part 6. Interpreter's Statement

Language used: _____

I certify that I am fluent in English and the above-mentioned language. I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

Signature	Print Name	Date
Email Address	Telephone Numbers	
Name and address of Firm or relationship to applicant	Fax number	

Part 7. Signature of Person Preparing Form, if Other Than Above (*Sign Below*)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print Name	Date
Email Address	Telephone Numbers	
Name and address of Firm or relationship to applicant	Fax number	

For Administrative Use Only

Date submitted _____ Date Interviewed _____

Extension Granted Yes No

Period Granted _____ Cost: _____

Arrears Period _____ Cost _____

Immigration Officer’s Name & Signature _____

Payment

Extension Amount Paid _____ Receipt No. _____

Arrears Amount Paid _____ Receipt No. _____

Cashier’s Name & Signature: _____

If Denied:

Custodial Release Yes No (see custodial Form)

Detained Yes No

Detained until _____

Departure Ticket Info _____

Remarks by Supervisor:

Supervisor Signature _____ Date _____

N.B. A photocopy of the valid return ticket MUST be attached to this form.