

**APPLICATION FOR RESIDENCE PERMIT**  
**(RETIRED NON-CITIZEN)**  
**[Section 9B of the Immigration Act]**

(Please read the attached guidelines carefully BEFORE filling this form)

**BOI Registration Number:** .....

**SECTION 1 - PERSONAL DETAILS OF RETIRED NON-CITIZEN (THE APPLICANT)**

1.1 Surname			
1.2 Given Names			
1.3 Maiden Name(If any)			
1.4 Any Previous Name			
1.5 Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		1.6 Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other .....
1.7 Date Of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	1.8 Country of Birth	
1.9 Present Nationality: Date acquired: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year		1.10 Any other nationality held: Date acquired: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	
1.11 Have you ever renounced any nationality? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state which one and why?			

1.12 Passport No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.13 Issuing Country	
1.14 Date of Issue	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	1.15 Date of expiry	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year
1.16 If you have any other residence permit of any other country, please give details: Country: 1. ....2. ....			
1.17(1) Date of issue <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year		1.18 (1) Date of expiry <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	
1.17(2) Date of issue <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year		1.18 (2) Date of expiry <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	
1.19 Residential Address in your country of origin			
Tel No:		Fax No:	

1.20 Address of last place of residence, if different from above

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

1.21 Do you hold the right of re-entry into your:

(a) country of origin? Yes  No  Date of expiry of right:      
Day Month Year

(b) last place of residence? Yes  No  Date of expiry of right:      
Day Month Year

1.22 If No to any of the above, please give details:

1.23 Residential address in Mauritius

Tel No:  Fax No:  Mobile No:

Email Address: \_\_\_\_\_

**SECTION 2 - SECURITY/HEALTH QUESTIONS** (please tick as appropriate)

2.1 Have you or your spouse ever been convicted of any crime in any country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.2 Is a criminal/civil case pending against you in any country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.3 Are you or your spouse suffering from any infectious or contagious disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the reply to any of the above questions is **Yes**, please give full details below, attaching relevant documents if any

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**Section 3 - DECLARATION**

I declare that all the information given in this application form as well as in the attached documents is true and correct.

I / We understand that making a false statement is a serious offence and may lead to prosecution and cancellation of a Residence Permit.

Signature of applicant: .....

Date:     
Day Month Year

**GOVERNMENT OF MAURITIUS**

**ACKNOWLEDGEMENT RECEIPT – RETIRED NON-CITIZEN  
(Residence Permit)**

Application Reference No: .....

I, *(name of officer)*.....*(designation)*.....,  
hereby acknowledge receipt of the application for Residence Permit (RP) in the name of  
Mr/Mrs/Miss .....  
under the category of Retired Non-citizen, submitted on ...../...../..... at  
.....hrs.

*If this application is not determined within **two working days** of its date of receipt, it shall be deemed to have been approved and this Acknowledgment Receipt shall be deemed to be a Residence Permit valid for a maximum period of three years as from ...../...../..... .*

**Date:** ...../...../.....

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**Signature of officer and PIO seal**