

## S.I. 12 of 2014

## CITIZENSHIP ACT

*(Cap 30)***Citizenship (Amendment) Regulations, 2014**

In exercise of the powers conferred by section 18 of the Citizenship Act, the Minister of Home Affairs and Transport hereby makes the following regulations, namely —

1. These Regulations may be cited as the Citizenship (Amendment) Regulations, 2014.

Citation

2. The Citizenship Regulations is hereby amended as follows—

Amendment of  
S.I. 112 of 1995  
as last amended  
by S.I. 2 of  
2009

- (a) by inserting in regulation 3, after the words “government officer”, the words “a head teacher of a school, an Ambassador or High Commissioner of Seychelles”;
- (b) in regulation 4 —
  - (i) by repealing in subregulation (1), the word, brackets and figures “section 5(2)” and substituting therefor the words, brackets and figures “section 5(2), 5A, 5B or 5C”;
  - (ii) by inserting in subregulation (2)(b), after the words “government officer”, the words “a head teacher of a school, an Ambassador or High Commissioner of Seychelles”;
- (c) by inserting in regulation 5 (2) and (3), after the words “government officer” at both the places where they appear, the words “a head teacher of a school, an Ambassador or High Commissioner of Seychelles”;
- (d) in the First Schedule—
  - (i) by repealing Forms IMM1 to IMM5 and substituting therefor the following Forms —

“FORM IMM1  
(Regulation 3)

CITIZENSHIP ACT

[Cap. 30]

(Section 4)

APPLICATION FOR REGISTRATION OF A CHILD AS A CITIZEN

APPLICATION FOR REGISTRATION OF A  
CHILD AS A CITIZEN OF SEYCHELLES  
CITIZENSHIP ACT (Cap. 30), Section 4

PLEASE READ CAREFULLY AS INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED. All questions must be answered fully. N/A may be entered only if the question does not apply to the applicant.

i) Surname: .....

ii) Maiden name: .....

iii) Given names: .....

iv) Country of Birth: .....

v) Date of birth: ..... (vi) Next: .....

vii) National Identity Number: .....

viii) Nationality (State country of which you are a national): .....

ix) Address: .....

From	To	Immigration Status
.....	.....	.....
.....	.....	.....
.....	.....	.....

i) Surname: .....

ii) Given Name: .....

iii) Maiden Name: .....

iv) Country of Birth: ..... v) Date of Birth: .....

vi) Nationality (State country of which you are a national): .....

vii) National Identity Number: .....

Answer Yes or No ..... If yes, give full particulars .....

.....

.....

Date of any previous Citizenship Application

.....

.....

I, .....  
(Name of Applicant)

of .....  
(Address)

declares that:

(i) The information furnish by me in this application is true and correct in every detail; and

(ii) I understand that incorrect, misleading or untrue information or any information withheld in any material manner which may affect the grant of citizenship of Seychelles may result in the deprivation of that citizenship.

Signed ..... Date .....

Signed before me, .....  
(Either: a Judge, a Magistrate, a Justice of the Peace, a Public Notary or Registrar of the Supreme Court)

.....  
(Signature and Official Stamp)

CERTIFICATE OF SPONSOR

I, .....  
(Name of Sponsor)

of .....  
(Address of Sponsor)

being a citizen of Seychelles by birth and a ..... certify that  
(Designation or occupation)

.....  
(Name of applicant)

is known to me, is of good character and is fit and proper person to be granted Citizenship of Seychelles.  
The particulars in the application are correct to the best of my knowledge and belief.

Date: .....  
(Signature of Sponsor)

FORM IMM2  
[Regulation 4(1)]

**CITIZENSHIP ACT**

[Cap. 30]

[Sections 5(2), 5A, 5B and 5C]

**APPLICATION FOR REGISTRATION AS A CITIZEN OF SEYCHELLES UNDER SPECIAL CIRCUMSTANCES**

APPLICATION FOR REGISTRATION AS A CITIZEN OF SEYCHELLES UNDER SPECIAL CIRCUMSTANCES

CITIZENSHIP ACT (Cap. 30) Sections 5(2), 5A, 5B and 5C

PLEASE READ CAREFULLY AS INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED. All questions must be answered fully. N/A may be inserted only if the question does not apply to the applicant.

- i) Surname: .....
- ii) Maiden name: .....
- iii) Given names: .....
- iv) Country of Birth: .....
- v) Date of birth: ..... (vi) Sex: .....
- vii) National Identity Number: .....
- viii) Nationality (State country of which you are a national): .....
- ix) Marital Status of applicant: (Single, Married, Divorced Widowed or Separated) .....

- a) Marriage to Seychellois
- b) Student
- c) Priority Workers
- d) Investors
- e) Former citizen of Seychelles

From	To	Immigration Status
.....	.....	.....
.....	.....	.....

- i) Surname: .....
- ii) Given Names: .....
- iii) Maiden Name: .....
- iv) Country of Birth: ..... v) Date of Birth: .....
- vi) Nationality (State country of which you are a national): .....
- vii) National Identity Number: .....

**CERTIFICATE OF SPONSORS**

I, .....  
(Name of Sponsor)

of .....  
(Address of Sponsor)

being a citizen of Seychelles by birth and a ..... certify that  
(Designation or occupation)

.....  
(Name of applicant)

is known to me, is of good character and is fit and proper person to be granted Citizenship of Seychelles.  
The particulars in the application are correct to the best of my knowledge and belief.

Date: .....  
(Signature of Sponsor)

**CERTIFICATE OF CITIZENSHIP OFFICER**

I, ..... Citizenship Officer,  
certify that the application complies with the Act.  
.....  
Signature of Citizenship officer

Recommendation of Citizenship eligibility Committee: .....

.....

Signature ..... Date .....

Recommendation of Ministers: .....

.....

Signature ..... Date .....

Decision of the President: .....

.....

Signature ..... Date .....

Date of Grant of citizenship: ..... Fee Paid: .....

Cr. Number: ..... Registration Certificate Number: .....

Name	Sex	Date of Birth	Country of Birth
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

  

Answer Yes or No ..... If yes, give full particulars .....

.....

.....

I, .....  
(Name of Applicant)

of .....  
(Address)

declares that:

(i) The information furnish by me in this application is true and correct in every detail; and

(ii) I understand that incorrect, misleading or untrue information or any information withheld in any material manner which may affect the grant of citizenship of Seychelles may result in the deprivation of that citizenship.

Signed ..... Date .....

Signed before me, .....  
(Either: a Judge, a Magistrate, a Justice of the Peace, a Public Notary or Registrar of the Supreme Court)

.....  
(Signature and Official Stamp)

**CERTIFICATE OF SPONSORS**

I, .....  
(Name of Sponsor)

of .....  
(Address of Sponsor)

being a citizen of Seychelles by birth and a ..... certify that  
(Designation or occupation)

.....  
(Name of applicant)

is known to me, is of good character and is fit and proper person to be granted Citizenship of Seychelles.  
The particulars in the application are correct to the best of my knowledge and belief.

Date: .....  
(Signature of Sponsor)

---

**CERTIFICATE OF SPONSORS**

I, .....  
(Name of Sponsor)

of .....  
(Address of Sponsor)

being a citizen of Seychelles by birth and a ..... certify that  
(Designation or occupation)

.....  
(Name of applicant)

is known to me, is of good character and is fit and proper person to be granted Citizenship of Seychelles.  
The particulars in the application are correct to the best of my knowledge and belief.

Date: .....  
(Signature of Sponsor)

---

**CERTIFICATE OF SPONSORS**

I, .....  
(Name of Sponsor)

of .....  
(Address of Sponsor)

being a citizen of Seychelles by birth and a ..... certify that  
(Designation or occupation)

.....  
(Name of applicant)

is known to me, is of good character and is fit and proper person to be granted Citizenship of Seychelles.  
The particulars in the application are correct to the best of my knowledge and belief.

Date: .....  
(Signature of Sponsor)

FOR OFFICIAL USE ONLY

## CERTIFICATE OF CITIZENSHIP OFFICER

I, ..... Citizenship Officer,  
certify that the application complies with the Act.

Signature of Citizenship officer

Recommendation of Citizenship eligibility Committee: .....

Signature of Chairman

Date

Recommendation of Minister: .....

Signature

Date

Decision of the President: .....

Signature

Date

Date of Grant of citizenship: .....

Fee Paid: .....

Cr. Number: .....

Registration Certificate Number: .....

FORM IMM3  
[Regulations 4(3) and 5(1)]

## CITIZENSHIP ACT

[Cap. 30]

[Sections 5(2), 5A, 5B, 5C and 6]

NOTICE OF INTENTION TO APPLY FOR CITIZENSHIP  
OF SEYCHELLES

Notice is hereby given that I ..... of  
..... whose further particulars appear below, being a person  
eligible to apply for citizenship under \*Article 10/12 of the Constitution/  
section 5(2)/5A/5B/5C of the Citizenship Act (Cap 30) have applied for  
\*registration/naturalisation as a citizen of Seychelles and any person who  
knows any lawful reasons why the application should not be granted may  
forward a written and signed statement of the reasons within 28 days of the last  
publication of this notice to the Citizenship Officer, Immigration Division,  
Independence House, Victoria.

Further particulars:

- (a) I am also known as .....<sup>2</sup>
- (b) My present nationality is .....
- (c) The date of my first entry into Seychelles is .....
- (d) The date of my last entry into Seychelles before the present  
application is.....
- (e) I am gainfully employed as \*/carrying on business as..... in  
Seychelles since.....
- (f) The special circumstances which qualifies me to make this application  
are.....

## Notes:

1. address of residence
2. give other name or aliases by which applicant is known
3. \*delete whatever is inapplicable.

FORM IMM4  
[Regulation 5(2)]

CITIZENSHIP ACT

[Cap. 30]

[Sections 6]

APPLICATION FOR CITIZENSHIP UNDER ARTICLE 10  
OF THE CONSTITUTION

APPLICATION FOR CITIZENSHIP UNDER  
ARTICLE 10 OF THE CONSTITUTION

CITIZENSHIP ACT (Cap. 30:01-06)

PLEASE READ CAREFULLY AS INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED. All questions must be answered fully. N/A may be inserted only if the question does not apply to the applicant.

- i) Surname: .....
- ii) Maiden name: .....
- iii) Given names: .....
- iv) Country of Birth: .....
- v) Date of birth: ..... (vi) Sex: .....
- vii) National Identity Number: .....
- viii) Nationality (State country of which you are a national): .....
- ix) Marital Status of applicant: (Single, Married, Divorced Widowed or Separated) .....
- x) Address: .....
- xi) E-mail: ..... (xii) Tel. No.: .....

From	To	Immigration Status
.....	.....	.....
.....	.....	.....
.....	.....	.....

- i) Surname: .....
- ii) Given Name: .....
- iii) Maiden Name: .....
- iv) Country of Birth: ..... v) Date of Birth: .....
- vi) Nationality (State country of which you are a national): .....
- vii) National Identity Number: .....

- i) Name of Grandfather: .....
- ii) Place and Date of Birth: .....
- iii) Name of Grandmother: .....
- iv) Place and Date of Birth: .....

Name	Age
.....	.....
.....	.....
.....	.....
.....	.....

Answer Yes or No ..... If yes, give full particulars .....

.....  
.....

I, .....  
(Name of Applicant)  
of .....  
(Address)

declares that:  
(i) The information furnish by me in this application is true and correct in every detail; and  
(ii) I understand that incorrect, misleading or untrue information or any information withheld in any material manner which may affect the grant of citizenship of Seychelles may result in the deprivation of that citizenship.

Signed ..... Date .....

Signed before me, .....  
(Either: a Judge, a Magistrate, a Justice of the Peace, a Public Notary or Registrar of the Supreme Court)

(Signature and Official Stamp)

**CERTIFICATE OF SPONSORS**

I, .....  
 (Name of Sponsor)  
 of .....  
 (Address of Sponsor)  
 being a citizen of Seychelles by birth and a ..... certify that  
 (Designation or occupation)  
 .....  
 (Name of applicant)  
 is known to me, is of good character and is fit and proper person to be granted Citizenship of Seychelles.  
 The particulars in the application are correct to the best of my knowledge and belief.  
 Date: .....  
 (Signature of Sponsor)

**CERTIFICATE OF SPONSORS**

I, .....  
 (Name of Sponsor)  
 of .....  
 (Address of Sponsor)  
 being a citizen of Seychelles by birth and a ..... certify that  
 (Designation or occupation)  
 .....  
 (Name of applicant)  
 is known to me, is of good character and is fit and proper person to be granted Citizenship of Seychelles.  
 The particulars in the application are correct to the best of my knowledge and belief.  
 Date: .....  
 (Signature of Sponsor)

**CERTIFICATE OF SPONSORS**

I, .....  
 (Name of Sponsor)  
 of .....  
 (Address of Sponsor)  
 being a citizen of Seychelles by birth and a ..... certify that  
 (Designation or occupation)  
 .....  
 (Name of applicant)  
 is known to me, is of good character and is fit and proper person to be granted Citizenship of Seychelles.  
 The particulars in the application are correct to the best of my knowledge and belief.  
 Date: .....  
 (Signature of Sponsor)

**FOR OFFICIAL USE ONLY**

**CERTIFICATE OF CITIZENSHIP OFFICER**

I, ..... Citizenship Officer,  
 certify that the application complies with the Act.

Signature of Citizenship officer

Recommendation of Citizenship eligibility Committee: .....

Signature of Chairman

Date

Recommendation of Minister: .....

Signature

Date

Declaration of the President: .....

Signature

Date

Date of Grant of citizenship: .....

Fee Paid: .....

Cx. Number: .....

Naturalisation Certificate Number: .....

FORM IMM5  
[Regulation 5(3)]

CITIZENSHIP ACT

[Cap. 30]

[Section 6]

APPLICATION FOR CITIZENSHIP UNDER ARTICLE 12  
OF THE CONSTITUTION

REPUBLIC OF SEYCHELLES  
MAINTENANCE OF CITIZENSHIP  
ACT 1978 (CAP. 30)  
REGULATION 5(3)  
FORM IMM 5

APPLICATION FOR  
CITIZENSHIP BY NATURALISATION

PLEASE READ CAREFULLY AS INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED. All questions must be answered fully. N/A may be inserted only if the question does not apply to the applicant.

PLEASE READ CAREFULLY AS INCOMPLETE APPLICATIONS CANNOT BE CONSIDERED. All questions must be answered fully. N/A may be inserted only if the question does not apply to the applicant.

1) Particulars of Applicant

i) Surname: .....

ii) Maiden name: .....

iii) Given names: .....

iv) Country of Birth: .....

v) Date of birth: ..... (vi) Sex: .....

vii) National Identity Number: .....

viii) Nationality (State country of which you are a national): .....

ix) Marital Status of applicant (Single, Married, Divorced Widowed or Separated): .....

2) Details of Applications (as a National and/or foreigner)

.....

.....

.....

3) Details of residence in Seychelles

From	To	Immigration Status
.....	.....	.....
.....	.....	.....
.....	.....	.....

4) Particulars of spouse

i) Surname: .....

ii) Given Name: .....

iii) Maiden Name: .....

iv) Country of Birth: ..... v) Date of Birth: .....

vi) Nationality (State country of which you are a national): .....

vii) National Identity Number: .....

5) Particulars of Applicant's children

Name	Sex	Date of Birth	Country of Birth
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

6) Have you ever committed or have been sentenced to a term of imprisonment for any crime or offence in any country?

Answer Yes or No. .... If yes, give full particulars .....

.....

.....

9) Date of any previous citizenship application

I, .....  
(Name of Applicant)

of .....  
(Address)

declares that:

(i) The information furnish by me in this application is true and correct in every detail; and

(ii) I understand that incorrect, misleading or untrue information or any information withheld in any material manner which may affect the grant of citizenship of Seychelles may result in the deprivation of that citizenship.

Signed ..... Date .....

Signed before me, .....  
(Either: a Judge, a Magistrate, a Justice of the Peace, a Public Notary or Registrar of the Supreme Court)

.....  
(Signature and Official Stamp)



FOR OFFICIAL USE ONLY

CERTIFICATE OF CITIZENSHIP OFFICER

I, ..... Citizenship Officer, certify that the application complies with the Act.

Signature of Citizenship officer

Recommendation of Citizenship Eligibility Committee: .....

Signature of Chairman

Date

Recommendation of Minister: .....

Signature

Date

Decision of the President: .....

Signature

Date

Date of Grant of citizenship: .....

Fee Paid: .....

C.r. Number: .....

Naturalisation Certificate Number: .....

CERTIFICATE OF SPONSORS

I, ..... (Name of Sponsor)

of ..... (Address of Sponsor)

being a citizen of Seychelles by birth and a ..... certify that (Designation or occupation)

(Name of applicant)

is known to me, is of good character and is fit and proper person to be granted Citizenship of Seychelles.

The particulars in the application are correct to the best of my knowledge and belief.

Date: ..... (Signature of Sponsor)

CERTIFICATE OF SPONSORS

I, ..... (Name of Sponsor)

of ..... (Address of Sponsor)

being a citizen of Seychelles by birth and a ..... certify that (Designation or occupation)

(Name of applicant)

is known to me, is of good character and is fit and proper person to be granted Citizenship of Seychelles.

The particulars in the application are correct to the best of my knowledge and belief.

Date: ..... (Signature of Sponsor)

CERTIFICATE OF SPONSORS

I, ..... (Name of Sponsor)

of ..... (Address of Sponsor)

being a citizen of Seychelles by birth and a ..... certify that (Designation or occupation)

(Name of applicant)

is known to me, is of good character and is fit and proper person to be granted Citizenship of Seychelles.

The particulars in the application are correct to the best of my knowledge and belief.

Date: ..... (Signature of Sponsor)

- (ii) by repealing Forms IMM8 and IMM9 and substituting therefor the following Forms —

FORM IMM 8

[Regulation 2(1)]

**CITIZENSHIP ACT**

(Section 8)

**CITIZENSHIP ACT**  
(SECTION 8)

**CERTIFICATE OF CITIZENSHIP**

WHEREAS THE PRESIDENT/MINISTER HAS DETERMINED UNDER SECTION ..... OF THE CITIZENSHIP ACT THAT

..... OF

..... SHALL BE REGISTERED AS CITIZEN OF SEYCHELLES.

I, .....

..... CITIZENSHIP OFFICER, CERTIFY THAT

..... HAS BEEN REGISTERED AS CITIZEN OF SEYCHELLES.

IMM8 | REGULATION 2(1)  
REG. NO. ....

..... DATE

..... CITIZENSHIP OFFICER

FORM IMM 9

[Regulation 2(2)]

**CITIZENSHIP ACT**

(Section 8)

**CITIZENSHIP ACT**  
(SECTION 8)

**CERTIFICATE OF CITIZENSHIP**

WHEREAS THE MINISTER HAS DETERMINED UNDER SECTION 6 OF THE CITIZENSHIP ACT THAT

..... OF

..... SHALL BE ..... AS CITIZEN OF SEYCHELLES IN ACCORDANCE WITH ARTICLE ..... OF THE CONSTITUTION.

I, .....

..... CITIZENSHIP OFFICER, CERTIFY THAT

..... HAS BEEN ..... AS CITIZEN OF SEYCHELLES.

IMM9 | REGULATION 2(2)  
REG. NO. ....

..... DATE

..... CITIZENSHIP OFFICER

- (a) by repealing the Second Schedule and substituting therefor the following Schedule—

**“SECOND SCHEDULE**

*(Regulation 10)*

**FEES**

The fees set out under column (2) are payable in respect of the matters referred to in the corresponding entry under column (1)—

(1)	(2)

**RUPEES**

- |   |         |
|---|---------|
| 1. Processing of an application for registration or naturalisation as a citizen of Seychelles — | 1,000   |
| 2. For the granting of Certificate of Registration —  |         |
| (a) under section 4 of the Act (under 18 years old)   | 15,000  |
| (b) under section 5(1) of the Act   | NIL     |
| (c) under section 5(3)(a) to (c) of the Act   | 25,000  |
| (d) under section 5(3)(d) of the Act  | 15,000  |
| (e) under section 5A of the Act   | 1,000   |
| (f) under section 5B of the Act   | 15,000  |
| (g) under section 5C of the Act   | 350,000 |
| (h) under Article 10(2) of the Constitution   | 15,000  |

- |   |        |
|---|--------|
| 3. For the granting of a Certificate of Naturalisation under Article 12 of the Constitution | 15,000 |
| 4. Registration of renunciation of Seychelles citizenship                                   | 500    |
| 5. For each copy certificate of registration or naturalisation                              | 150”.  |

**MADE this 5th day of February, 2014.**

**JOEL MORGAN  
MINISTER OF HOME AFFAIRS  
AND TRANSPORT**

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