Department Of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CALLER BOX 10007, SAIPAN, MP 96950
Telephone: (670) 664-3018/3000 Fax: (670) 664-3067

Photo

FOREIGN RETIREE INVESTMENT CERTIFICATE

Filing Fee $1,000
Receipt No:_____

REQUIRED DOCUMENTS TO BE SUBMITTED WITH NOTARIZED APPLICATION: TWO (2) SETS EACH

1 Certified birth certificate
2 Police Record (clearance)
3 Copy of health insurance policy
4 Health clearance(s)
5 Declaration statements
6 Original entry permit (Landing Form)
7 Copy of passport (pertinent pages)
8 Proof of investment (recorded lease agreement, cancelled check, bank/wire transfer, construction contract, etc.)
9 Current picture (2 each)

FOR OFFICIAL USE ONLY Program type: ____5 year Term (PL15-16) _____2 year Term (PL 15-16)_____5 year Term (PL 11-60)

_____Approved	_____Approved	_____Approved
_____Disapproved	_____Disapproved	_____Disapproved
_____	_____	_____
Secretary of Commerce	Review Committee Member	Secretary of Immigration

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PRINT OR TYPE INFORMATION BELOW. PLEASE FILL OUT EVERY QUESTION.
Applicant:

1. Name: _____, _____ _____ 2. Date of Birth: _____
(Family, Given, Middle, (dd/mm/yy))
3. Passport No: _____ Issuing Country: _____Expiration Date: _____
4. Citizenship: _____ Place of Birth: _____ 5. SS#: _____
6. Permanent Address: _____ Telephone No._____
Address in CNMI: _____ Telephone No._____
7. Marital Status: _____ Married _____Single _____ Divorced _____Separated
8. Retired: Yes ____ No ____ If yes, retired from: Government ____ Private ____ Company:_____
9. Next of Kin: _____ Address: _____ Contact No: _____
10. Health Insurance Policy No: _____ Insurance Company: _____
11. Where do you propose to reside: Saipan _____Tinian _____Rota _____ NI _____ Village:_____
12. Proposed residence investment: _____Lease House _____Build House _____Lease Condominium
13. Amount of initial investment: $_____
14. Have you ever been convicted of a crime? Yes _____ No _____ If yes, when & where: _____
15. Name of other dependant:
A. _____ Age _____ Citizenship_____ Passport No _____
B. _____ Age _____ Citizenship_____ Passport No _____
C. _____ Age _____ Citizenship_____ Passport No _____

I HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS APPLICATION. I SWEAR, UNDER THE PENALY OF PERJURY, THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT. I FURTHER UNDERSTAND AS THE APPLICANT, THAT ANY INCOMPLETE, FALSE, OR MISLEADING INFORMA TION WILL CONSTITUTE PROPER GROUNDS FOR REVOCATION OF MY RETIREE CERTIFICATE, REMOVAL FROM THE CNMI, AND THE IMPOSITION OF CRIMINAL OR CIVIL PENALTIES.

I do hereby affirm and swear to the truthfulness and accuracy of the information herein.

_____
Applicant's signature (seal)

_____ _____
Date Notary's signature