

# IMMIGRATION (GENERAL) (AMENDMENT) REGULATIONS, 2019

## Arrangement of Regulations

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MINISTRY OF FINANCIAL SERVICES, TRADE  
AND INDUSTRY AND IMMIGRATION

S.I. No. 22 of 2019

IMMIGRATION ACT  
(CHAPTER 191)

IMMIGRATION (GENERAL) (AMENDMENT)  
REGULATIONS, 2019

The Minister, in the exercise of the powers conferred by section 45 of the Immigration Act (*Ch. 191*), makes the following Regulations —

**1. Citation.**

These Regulations may be cited as the Immigration (General) (Amendment) Regulations, 2019.

**2. Amendment of regulation 3 of the principal Regulations.**

Regulation 3 of the principal Regulations is amended —

- (a) by the insertion, immediately after paragraph (1), of the following

“(1A) Every application for a BH-1B work visa shall be made to the Director of Immigration in Form IA in the *First Schedule*.”;

- (b) by the insertion, immediately after paragraph (2), of the following

“(2A) Every application for a BH-4S permit shall be made to the Director of Immigration in Form IIA in the *First Schedule*.”;

- (c) in paragraph (4), by the deletion of the words “or resident card” and the substitution of the words “, resident card or any visa”; and

- (d) in paragraph (7), by the deletion of the words “or resident card” and the substitution of the words “, resident card or any visa”.

**3. Amendment of regulation 6 of the principal Regulations.**

Paragraph (1) of regulation 6 of the principal Regulations is amended by the insertion, immediately after the words “work visa”, of the words “or BH-1B work visa” wherever they occur.

**4. Amendment of regulation 7 of the principal Regulations.**

Paragraph (1) of regulation 7 of the principal Regulations is amended by the insertion, immediately after the words “work visa”, of the words “or BH-1B work visa”.

**5. Amendment of First Schedule to the principal Regulations.**

The First Schedule to the principal Regulations is amended by the insertion, in the appropriate order, of the following new forms —

**“FORM IA  
APPLICATION FORM – BH-1B WORK VISA**

Note:

The following must be submitted along with a completed application form:

- (a) copy of passport(s)
- (b) two (2) passport size photographs in colour with signature on reverse of prints
- (c) police certificates covering five (5) years residence
- (d) medical certificate dated not earlier than thirty (30) days before the date on which this application is submitted
- (e) written references from previous employers
- (f) proof of sponsorship by a specified commercial enterprise
- (g) copies of any educational qualifications (e.g. degrees, certificates)
- (h) copy of resume or curriculum vitae

<b>A. PERSONAL INFORMATION</b> (Information provided here must match information as it is written in your passport)	
<b>Last name:</b> _____	
<b>First name:</b> _____	
<b>Middle name:</b> _____	
<b>Date of birth:</b> /    / <span style="margin-left: 40px;">day    month    year</span>	<b>Place of birth:</b> _____ (City) _____ (State/Province) _____ (Country)
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Marital status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
<b>Nationality:</b> _____	

Do you hold or have you held any other nationality other than the one indicated above?  Yes  No

If yes, please state the country: \_\_\_\_\_

Do you hold a passport for the other nationality stated above?

Yes  No

If yes, please provide the passport number: \_\_\_\_\_

Are you a permanent resident other than your country of origin?  Yes  No

If yes, please provide your national identification number: \_\_\_\_\_

**Home address:**

_____	_____	_____
Street address	City	State/Province
_____	_____	_____
Country	Postal zone/ZIP code	

**Telephone contacts\*:**

\_\_\_\_\_ (Primary phone number)  
\_\_\_\_\_ (Secondary phone number)  
\_\_\_\_\_ (Work phone number)

\*Please include dialing and area code numbers.

**Email address:** \_\_\_\_\_

**B. PASSPORT INFORMATION**

Passport number: \_\_\_\_\_

Country issuing passport: \_\_\_\_\_

Issuance date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                  day    month    year

Expiration date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                  day    month    year

Are you the holder of a valid or expired (within the last 12 months) visa from another country?  Yes  No



Employer	Employer's address	Position held	Duration of employment

Universities attended:

Name	Address	Dates

Qualifications held (e.g. degrees, certificates) and dates awarded:

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**F. SECURITY AND BACKGROUND**

List the countries that you have resided in within the last five years:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a communicable disease of public health significance?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any offence?  Yes  No

If yes, please provide full details of the offence, the penalty, the court in which you were convicted and the date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify to the best of my knowledge and belief that the information given in the application is correct. I understand that the discovery of any statement which is false in a material particular may render me liable to prosecution.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ declared to  
before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Commissioner of Oaths, Notary Public, Justice of the Peace

**FOR OFFICIAL USE ONLY**

**FORM IIA  
APPLICATION FORM – BH-4S PERMIT**

**Note:**

The following must be submitted along with a completed application form:

- (a) certified copy of marriage certificate
- (b) copy of passport(s)
- (c) two (2) passport size photographs in colour with signature on reverse of prints
- (d) police certificates covering five (5) years residence
- (e) medical certificate dated not earlier than thirty (30) days before the date on which this application is submitted
- (f) two (2) testimonials of good character

**A. PERSONAL INFORMATION**

(Information provided here must match information as it is written in your passport)



<b>Last name:</b> _____	
<b>First name:</b> _____	
<b>Middle name:</b> _____	
<b>Date of birth:</b> ____ / ____ / ____ day      month      year	<b>Place of birth:</b> _____ (City) _____ (State/Province) _____ (Country)
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Nationality:</b> _____	
Do you hold or have you held any other nationality other than the one indicated above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please state the country: _____	
Do you hold a passport for the other nationality stated above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the passport number: _____	
Are you a permanent resident other than your country of origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide your national identification number: _____	
<b>Home address:</b>	
_____ Street address	_____ City                      State/Province
_____ Country	_____ Postal zone/ZIP code
<b>Telephone contacts*:</b>	
_____	(Primary phone number)
_____	(Secondary phone number)
_____	(Work phone number)
*Please include country dialing and area code numbers.	
<b>Email address:</b> _____	

**B. PASSPORT INFORMATION**

Passport number: \_\_\_\_\_

Country issuing passport: \_\_\_\_\_

Issuance date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day month year

Expiration date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day month year

**C. TRAVEL INFORMATION**

Will you be accompanied by your spouse?  Yes  No

Will you be accompanied by your children?  Yes  No

Date of arrival in The Bahamas: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
day month year

Arrival flight (if known): \_\_\_\_\_

Place of residence upon arrival: \_\_\_\_\_

**D. FAMILY INFORMATION**

Spouse's (wife/husband) full name: \_\_\_\_\_

Nationality of spouse: \_\_\_\_\_

Particulars of children under 18 years of age:

Name	Date of birth	Place of birth

**E. SECURITY AND BACKGROUND**

List the countries that you have resided in within the last five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a communicable disease of public health significance?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any offence?  Yes  No

If yes, please provide full details of the offence, the penalty, the court in which you were convicted and the date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ declared to  
before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Commissioner of Oaths, Notary Public, Justice of the Peace

<b>FOR OFFICIAL USE ONLY</b>

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**Made this 27<sup>th</sup> day of March, 2019.**

**Signed**  
**BRENT SYMONETTE**  
**Minister responsible for Immigration**