

**Form 1B**

**Permanent Residence Permit Points System – Self-Assessment (1st September 2021)**

**ADULT PRINCIPAL APPLICANT and ADULT DEPENDENT PARTNER**

► **READ THIS FIRST**

A principal applicant must complete this Self-Assessment Form 1B unless they are the qualifying partner of a person with Falkland Islands status or of a person holding a permanent residence permit.

Only complete this form after you have carefully read the General guidance and the Form 1B Guidance that is provided to assist you. In order to ensure that you complete this form correctly it is strongly recommended that you also refer to the Guidance while you are completing it.

The Customs & Immigration Service is not obliged to seek any further information or documents and may make a decision on your application on the information provided. Please therefore ensure you submit all information and supporting documents you wish to be taken into account.

If you are unable to provide a relevant document, please explain why. It is better to explain why you do not have a document than to submit a false document. If it is discovered that you knowingly included false information or false documents in your application, it will be refused and you may also be committing an offence under the Immigration Ordinance.

If there is insufficient space in which to answer any of the questions contained in the form or there is further information you wish to provide in support of your application, use the additional information sheet provided at Part 18.

**Part 1 Your Personal Information**

* 1. Surname/s
  2. First name/s

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

* 1. Date of birth

M

M

D

D

**Part 2 Earned Income**

* 1. Put a cross (x) in the relevant box to confirm if you wish to claim points for your averaged earned income

Go to Question 2.2 Go to **Part 3**

No

Yes

* 1. State the two most recent full calendar years of your earned income for which you are claiming points

## Year A Year B

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

* 1. Provide in the table below, details of your total earned income in respect of calendar **Year A**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference**  **number\*** | **Source of income** | **Evidence of income claimed\*** | **Income claimed**  **£** |
| A1 |  |  |  |
| A2 |  |  |  |
| A3 |  |  |  |
| A4 |  |  |  |
| A5 |  |  |  |
| **Total income Year A** | | |  |

* + - Mark the relevant reference number on each document you are providing as evidence in respect of each source of income
  1. Provide in the table below, details of your total earned income in respect of calendar **Year B**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference**  **number\*** | **Source of income** | **Evidence of income claimed\*** | **Income claimed**  **£** |
| B1 |  |  |  |
| B2 |  |  |  |
| B3 |  |  |  |
| B4 |  |  |  |
| B5 |  |  |  |
| **Total income Year B** | | |  |

* + - Mark the relevant reference number on each document you are providing as evidence in respect of each source of income
  1. State your total averaged earned income (Year A + Year B ÷ 2)

£

* 1. Put a cross (x) in the relevant box to confirm the points you are claiming for your averaged earned income

£12,000 or more, but less than £25,000 (10 points)

£25,000 or more (15 points)

* 1. State the total number of documents you are providing as evidence of your averaged earned income for which you are claiming points **(Mark each document with its ‘A’ or ‘B’ reference number as applicable)**

**Year A** Number **Year B** Number

**Part 3A Employment in the Falkland Islands**

* 1. Put a cross (x) in the relevant box to confirm if you wish to claim 10 points for your employment in the Falkland Islands

Go to Question 3.2 Go to **Part 4**

No

Yes

* 1. Provide in the tables below, details of your contract or contracts of employment and of any self-employed activity that will from the date of your application provide you with:
     1. continuous employment for at least 6 months, and;
     2. a gross income of at least £12,000 per year

## Table A – Contracted employment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reference number\*** | **Employer & job title** | **Period of employment** | | **Gross annual earned**  **Income £** |
| **Date from DD/MM/YYYY** | **Date to DD/MM/YYYY**  **or indefinite** |
| C1 |  |  |  |  |
| C2 |  |  |  |  |
| C3 |  |  |  |  |
| C4 |  |  |  |  |
| **Total earnings Table A, contracted employment** | | | |  |

\* Mark the relevant reference number on each document you are providing as evidence in respect of each of your contracted employments

## Table B Self-employed activity

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Business financial year** | | Y | Y | Y | Y |  | | |
| **Reference number\*** | **Description of self- employed activity** | | | | | **Date from DD/MM/YYYY** | **Date to DD/MM/YYYY** | **Gross annual earned**  **Income £** |
| D1 |  | | | | |  |  |  |
| D2 |  | | | | |  |  |  |
| D3 |  | | | | |  |  |  |
| D4 |  | | | | |  |  |  |
| **Total earnings Table B, self-employed activity** | | | | | | | |  |

\* Mark the relevant reference number on each document you are providing as evidence in respect of each of your self-employed activities

* 1. State your total annual employment earned income (Table A + Table B)

£

* 1. Put a cross (x) in the relevant box to confirm if you wish to claim an additional 5 points for your employment in the Falkland Islands which is in Camp

Go to Question 3.5 Go to **Part 3B**

No

Yes

* 1. Where is your Camp employment located? Give the full address below and the above ‘C’ or ‘D’ reference numbers as applicable
  2. State the total number of documents you are providing as evidence of your employment and income for which you are claiming points **(Mark each document with its ‘C’ or ‘D’ reference number as applicable)**

**Table A** Number **Table B** Number

**Part 3B Employment in Workforce Shortage List**

* 1. Put a cross (x) in the relevant box to confirm if you wish to claim 5 points for being employed in a role included in the workforce shortage list.

Go to Question 3.8 Go to **Part 3C**

No

Yes

* 1. State the relevant reference number from Table A or Table B at 3.2 which identifies your current principal employment (the one that provides you with the most income)

Reference number

* 1. Refer to the current workforce shortage list and give the occupation title and the accompanying Standard Occupational Classification Code (SOCC), if given

Occupation

Standard Occupational Classification Code (SOCC)

* 1. Briefly explain your current principal employment duties and how they come under the occupation you have selected above
  2. State the total number of documents you are providing as evidence of you being employed in a role included in the workforce shortage list for which you are claiming points **(Mark each document with a reference number prefixed ‘E’)**

Number

**Part 3C Work Experience Relevant to Principal Employment**

* 1. Put a cross (x) in the relevant box to confirm if you wish to claim points for work experience that is relevant to your current principal employment

Go to Question 3.13 Go to **Part 4**

No

Yes

* 1. State the Table A or Table B reference number at 3.2 which identifies your current principal employment for which you are claiming points (the one which provides you with the most income)

Reference number

* 1. Your current employer
  2. Your current job title
  3. Briefly outline the main requirements and responsibilities of your current principal employment
  4. Date on which you commenced your current principal employment

M

D

D

M

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

* 1. Total number of full months in your current employment immediately before the date of your application
  2. Provide below, details of your periods of previous principal employment, commencing from up to 10 years before the date of your application for which you are claiming points for work experience that is relevant to your current principal employment

## 3.19 i. First period of previous relevant employment

Reference number

F1

Name of employer

Job title

Briefly explain how this previous principal employment counts as relevant work experience for which you are claiming points

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date from | D | D |  | M | M |
|  |  |  |  |  |  |
| Date to | D | D |  | M | M |

Total number of full months in this employment

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

## 3.19 ii. Next period of previous relevant employment

Reference number

F2

Name of employer

Job title

Briefly explain how this previous principal employment counts as relevant work experience for which you are claiming points

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date from | D | D |  | M | M |
|  |  |  |  |  |  |
| Date to | D | D |  | M | M |

Total number of full months in this employment

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

## 3.19 iii. Next period of previous relevant employment

Reference number

F3

Name of employer

Job title

Briefly explain how this previous principal employment counts as relevant work experience for which you are claiming points

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date from | D | D |  | M | M |
|  |  |  |  |  |  |
| Date to | D | D |  | M | M |

Total number of full months in this employment

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

## 3.19 iv. Next period of previous relevant employment

Reference number

F4

Name of employer

Job title

Briefly explain how this previous principal employment counts as relevant work experience for which you are claiming points

Date from Date to

M

M

D

D

M

M

D

D

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

Total number of full months in this employment

## 3.19 v. Next period of previous relevant employment

Reference number

F5

Name of employer

Job title

Briefly explain how this previous principal employment counts as relevant work experience for which you are claiming points

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date from | D | D |  | M | M |
|  |  |  |  |  |  |
| Date to | D | D |  | M | M |

Total number of full months in this employment

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

* 1. Put a cross (x) in the box if you have included additional information at Part 18
  2. Total number of months (3.18 + 3.19 (i. to v.) plus any additional periods you have detailed at Part 18)
  3. Total number of years (Total months at 3.21 above ÷ 12)
  4. Put a cross in the relevant box to confirm the points you are claiming for your work experience which is relevant to your current principal employment

Up to 5 years (5 point)

More than 5 years (10 points)

* 1. State the total number of documents you are providing as evidence of your work experience relevant to your principal employment for which you are claiming points

(**Mark each document with the its ‘F’ prefixed reference number as applicable)**

Number

**Part 4 Eligible Educational or Professional Qualification**

* 1. Put a cross (x) in the relevant box to confirm if you wish to claim 5 points for you having an eligible educational or professional qualification that is relevant to your primary employment

Go to Question 4.2 Go to **Part 5**

No

Yes

* 1. Provide below, details of your eligible educational or professional qualification for which you are claiming points and how it is relevant to your primary employment, as the relevance may not be clear unless it is explained. Is the qualification a UK awarded qualification?

* 1. Country of award 4.4 State/province (if applicable)

4.5 Institution 4.6 Year of award

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

* 1. Duration of study Date from

M

M

D

D

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

Date to

M

M

D

D

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

* 1. Qualification 4.9 Grade (if graded)
  2. Put a cross (x) in the relevant box to indicate the eligibility of or the verification of eligibility of your qualification
     1. Your United Kingdom qualification is equivalent to at least level 3 in the National Qualifications Framework of the United Kingdom or is a higher qualification
     2. Your qualification is not a United Kingdom qualification but

1. it is one that has been assessed by the European Network of Information Centres (ENIC) as being, or equivalent to at least level 3 in the National Qualifications Framework of the United Kingdom or as a higher qualification, **and**
2. you have included a ENIC letter or certificate of comparability with your application
   1. Put a cross (x) in the relevant box/es to confirm the documents you are submitting as evidence of the qualification for which you are claiming points **(Mark each document with a reference number prefixed ‘G’)**

Original certificate Reference from awarding body Academic transcript

**Part 5 Community Engagement**

* 1. Put a cross (x) in the relevant box to confirm if you wish to claim 5 points for your Community Engagement.

Go to Question 5.2 Go to **Part 6**

No

Yes

* 1. Explain the Community Engagement for which you are claiming points
  2. State the number of documents you are providing as evidence of your community engagement activities **(Mark each document with its ‘CE’ prefixed reference number as applicable)**

Number

**Part 6 Property Assets**

* 1. Put a cross (x) in the relevant box to confirm if you wish to claim points for your property assets

Go to Question 6.2 Go to **Part 7**

No

Yes

* 1. Provide in the table below, details of your property assets for which you are claiming points

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reference number\*** | **Description of property asset** | **Address/location** | **Date property acquired DD/MM/YYYY** | **Net value**  **£** |
| I1 |  |  |  |  |
| I2 |  |  |  |  |
| I3 |  |  |  |  |
| I4 |  |  |  |  |
| **Total net value of property assets** | | | |  |

\* Mark the relevant reference number on each document you are providing in respect of each of your property assets

* 1. Put a cross in the relevant box to confirm the points you are claiming for the total net value of your property assets

Property in the Falkland Islands valued at more than £25,000 but less than £50,000 (10 points)

Property in the Falkland Islands valued at more than £50,000 (20 points)

Property overseas valued at more than £25,000 but less than £50,000 (5 points)

Property overseas valued at more than £50,000 (10 points)

* 1. State the total number of documents you are providing as evidence of your property assets for which you are claiming points **(Mark each document with its ‘I’ prefixed reference number as applicable)**

Number

**Part 7 Unencumbered Cash Assets**

* 1. Put a cross (x) in the relevant box to confirm if you wish to claim points for your unencumbered cash assets

Go to Question 7.2 Go to **Part 8**

No

Yes

* 1. Provide in the table below, details of your unencumbered cash assets for which you are claiming points

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference number\*** | **Name of investment organisation** | **Evidence of cash assets provided\*** | **Cash assets claimed**  **£** |
| J1 |  |  |  |
| J2 |  |  |  |
| J3 |  |  |  |
| J4 |  |  |  |
| J5 |  |  |  |
| J6 |  |  |  |
| J7 |  |  |  |
| J8 |  |  |  |
| **Total unencumbered cash assets** | | |  |

\* Mark the relevant reference number on each document you are providing as evidence in respect of each unencumbered cash asset

* 1. Put a cross in the relevant box to confirm the points you are claiming for the total value of your cash assets

£5,000 or more, but less than £15,000 held in the Falkland Islands (5 points)

£15,000 or more, whether held in the Falkland Islands or elsewhere (10 points)

* 1. State the total number of documents you are providing as evidence of your cash assets for which you are claiming points **(Mark each document with its ‘J’ prefixed reference number as applicable)**

Number

**Part 8 Age**

* 1. Put a cross (x) in the relevant box to confirm if you wish to claim points for your age on the date of application

Go to Question 8.2 Go to **Part 9**

No

Yes

* 1. State your age in years on the date of your application Years

Y

Y

* 1. Put a cross (x) in the relevant box to confirm the points you are claiming on account of your age

18 to 34 years (15 points) 35 to 44 years (10 points) 45 to 54 years (5 points)

55 or over (0 points)

* 1. Put a cross (x) in the box to confirm you have provided your birth certificate (in support of Form1A)

**Part 9 Length of Time Resident in the Falkland Islands**

* 1. Put a cross (x) in the relevant box to confirm if you wish to claim points for the time you have been ordinarily

resident in the Falkland Islands

Go to Question 9.2 Go to **Part 10**

No

Yes

* 1. State the date from when you have been ordinarily resident in the Falkland Islands

D

M

D

M

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

* 1. Provide in the table below, details of your absences from the Falkland Islands for those periods which exceed 60 days, going back from the date of your application for up to 10 years or up to the date you have given at 9.2 above, whichever is the lesser

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Principal**  **country visited** | **Primary reason for**  **travelling** | **Date of return**  **(DD/MM/YYYY)** | **Date of departure**  **(DD/MM/YYYY)** | **Total days**  **absent** |
|  |  |  |  |  |
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|  |  |  |  |  |

* 1. Put a cross in the relevant box to confirm the points you are claiming for the time you have been ordinarily

resident in the Falkland Islands

36 months or more, but less than 72 months (10 points)

72 months or more (5 points)

* 1. Put a cross (x) in the box to confirm you have provided a copy of your immigration movement record

(in support of Form 1A)

**Part 10 Pension Plan**

* 1. Put a cross (x) in the relevant box to confirm that you are aged 55 years or more and wish to claim 5 points for

having a personal pension plan in place for a period of at least 2 years before the date of your application

Go to Question 10.2 Go to **Part 11**

No

Yes

* 1. Name of your pension plan provider

* 1. Give the date your pension plan commenced

M

M

D

D

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

* 1. State the total number of documents you are providing as evidence of your pension plan for which you are

claiming points **(Mark each document with a reference number prefixed ‘K’)**

Number

**Part 11 Close Family Permanently Resident**

* 1. Put a cross (x) in the relevant box to confirm if you wish to claim 5 points because you, or your partner included

in your application, have a close family member who is permanently resident in the Falkland Islands

Go to Question 11.2 Go to **Part 12**

No

Yes

## Close family member’s personal details

* 1. Surname/s
  2. First name/s
  3. Date of birth 11.5 Gender Female Male

M

M

D

D

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

* 1. Place of birth 11.7 Country of birth
  2. Country of Citizenship
  3. Put a cross (x) in the relevant box to indicate the close family member’s Falkland Islands’ immigration status

Falkland Islands status Permanent Residence Permit holder

* 1. Put a cross (x) in the relevant box to indicate their relationship to you and/or your partner (if applicable and they

are included in your application)

Sibling (brother/ sister) Parent Child

* 1. Put a cross (x) in the relevant box to identify with who the close family member is related

You, the applicant Your partner Both of you

* 1. State the total number of documents you are providing as evidence of you or your partner having a close family

member who is permanently resident in the Falkland Islands for which you are claiming points

**(Mark each document with a reference number prefixed ‘L’)**

Number

**Part 12 South Atlantic Medal**

* 1. Put a cross (x) in the relevant box to confirm if you wish to claim 5 points for you being the holder of a South

Atlantic Medal

Go to Question 12.2 Go to **Part 13**

No

Yes

* 1. Are you a member of the South Atlantic Medal Association?

No

Yes

* 1. State the total number of documents you are providing as evidence of your South Atlantic Medal for which you

are claiming points **Mark each document with a reference number prefixed ‘M’)**

Number

**Part 13 Your Dependent Partner’s Personal Details**

* 1. Put a cross (x) in the relevant box to confirm if you wish to claim points for a dependent partner included in your

application

Go to Question 13.2 Go to Question 16.5

No

Yes

* 1. Surname/s
  2. First name/s
  3. Date of birth

M

M

D

D

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

**Part 14 Employment in Workforce Shortage List**

* 1. Put a cross (x) in the relevant box to confirm if you wish to claim 5 points for your partner being employed in a

role included in the workforce shortage list.

Go to Question 14.2 Go to **Part 15**

No

Yes

* 1. For your partner’s role - refer to the current Workforce Shortage List and give the occupation title and

accompanying Standard Occupational Classification Code (SOCC), if given

Occupation

Standard Occupational Classification Code (SOCC)

* 1. Briefly explain your partner’s principal employment duties and how they come under the occupation you have

selected above

* 1. State the total number of documents you are providing as evidence of your partner being employed in a role

included in the workforce shortage list for which you are claiming points **(Mark each document with a reference**

**number prefixed ‘E’)**

Number

**Part 15 Community Engagement**

* 1. Put a cross (x) in the relevant box to confirm if you wish to claim 5 points for your partner’s Community

Engagement.

Go to Question 15.2 Go to **Part 16**

No

Yes

* 1. For your partner - explain the Community Engagement for which you are claiming points
  2. State the total number of documents you are providing as evidence of your community engagement for which

you are claiming 5 points **(Mark each document with its ‘CE’ prefixed reference number as applicable)**

Number

**Part 16 Age**

Dependent Partner

16.1 Put a cross (x) in the relevant box to confirm if you wish to claim 5 points for your dependent partner’s age on the

date of application.

Dependent partner under 45 years of age.

Go to Question 16.2 Go to Question16.5

No

Yes

* 1. State your partner’s age in years on the date of your application Years

Y

Y

16.3 Put a cross (x) in the relevant box to confirm the points you are claiming on account of your dependent partner’s

age

Under 45 years (5 points)

16.4 Put a cross (x) in the box to confirm you have provided your partner’s birth certificate (in support of Form1A)

Dependent Child

**Note A Principal Applicant may claim 5 points for their dependent child if under 16; or a dependent child, if under**

**16, of a partner included as a dependent in their application.**

16.5 Put a cross (x) in the relevant box to confirm if you wish to claim 5 points for a dependent child’s age on the date of

application.

Dependent child aged 16 years and under.

Go to Question 16.6 Go to **Part 17**

No

Yes

* 1. State the child’s age in years on the date of your application Years

Y

Y

* 1. Put a cross (x) in the relevant box to confirm the points you are claiming on account of the dependent child’s age

16 years and under (5 points)

16.8 Put a cross (x) in the box to confirm you have provided the child’s birth certificate (in support of Form1A)

**Part 17 South Atlantic Medal**

17.1 Put a cross (x) in the relevant box to confirm if you wish to claim 5 points for your partner being the holder of a

South Atlantic Medal

Go to Question 17.2 Go to **Part 19**

No

Yes

* 1. Is your partner a member of the South Atlantic Medal Association?

No

Yes

* 1. State the total number of documents you are providing as evidence of your partner’s South Atlantic Medal for which you are claiming points **(Mark each document with a reference number prefixed ‘S’)**

Number

**Part 18 Additional Information**

Use this additional information sheet if there is insufficient space in which to answer any of the questions contained in this form, or if there is any further information you wish to provide in support of your application.

|  |  |
| --- | --- |
|  | Additional Information Page of \_\_\_\_ |
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**Part 19 Applicant’s Permanent Residence Permit Points Summary**

Complete the summary below, listing all of the points you have claimed on the form.

You must provide documentary evidence in support of each criteria for which you are claiming points. All documents so provided must be originals or certified copies and **must** be listed on the **Supporting Documents Check List at Part 20**. Failure to submit sufficient evidence will lead to refusal of your application.

**Points Claimed**

**Points Scoring Area**

## Principal Applicant

**Part 2**

**Earned Income**

**Part 7**

**Part 3A Employment in the Falkland Islands**

**Part 3B Employment in Workforce Shortage List**

**Part 3C Work Experience Relevant to Principal Employment**

**Part 4 Eligible Educational or Professional Qualification**

**Part 5 Community Engagement**

**Part 6 Property Assets**

**Unencumbered Cash Assets**

**Part 8 Age**

**Part 9 Length of Time Resident in the Falkland Islands**

**Part 10 Pension Plan**

**Part 11 Close Family Permanently Resident**

**Part 12 South Atlantic Medal**

**Sub Total A Principal Applicant ** **Dependent Partner** (if included in the application of a principal applicant)

**Part 14 Employment in Workforce Shortage List**

**Part 15 Community Engagement**

**Part 16 Age**



**Part 17 South Atlantic Medal**

**Sub Total B Dependent Partner ** **Total Principal Applicant and Dependent Partner** (Sub Total A + Sub Total B) 

The points threshold as of 01 September 2021 is: 50 points

Note If you are unable to claim 50 points or more your application will be rejected

**Part 20 Supporting Documents Check List**

Ensure that you list in ascending order, all of the documents you are providing in support of the parts for which you are claiming points. You must also ensure that all of the documents are correctly referenced to the part that they relate to and where applicable, they are correctly labelled with the correct reference number.

|  |  |  |  |
| --- | --- | --- | --- |
| **Part number** | **Reference**  **number/s** | **Description/s of document/s** | **Quantity** |

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**Part 21 Declaration**

I confirm that in addition to this Form 1B, I have also completed Form 1A and accept the statements included in the declaration contained therein which I have also signed and dated

Applicant’s signature

Applicant’s full name

Date of signing

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