**APPLICATION TO REGISTER ON TRAVEL CREDIT SCHEME**

**UNDER 16 YEARS**

**1.  Details of Child to be registered**

|  |  |
| --- | --- |
| **Full Name of Child:** |  |
| **Address:** |  |
| **Child’s Date of Birth:** |  |
| **Child’s residence status\*:** |  |
| **Falkland Islands Status holder:****Date Status obtained (if after 1 July 2018):** | Yes / No |

*\* To qualify for the Travel Credit Scheme the child must have Falkland Islands Status and be resident in the Falkland Islands.*

**2.  Please indicate which documents (copies) you have attached to support the application**

*Please tick*

|  |  |
| --- | --- |
| **Passport (displaying Falkland Islands Status number): OR** |  |
| **Falkland Islands Status Certificate:** |  |

**3.  Details of Parent(s)/Legal Guardian(s)**

|  |  |
| --- | --- |
| **Relationship to Child\*\*:** |  |
| **Full Name:** |  |
| **Address:** |  |
| **Land Telephone Number:** |  |
| **Mobile Number:** |  |
| **E-mail Address:** |  |
| **Preferred method of contact:** | **Telephone Mobile E-mail Post** |

|  |  |
| --- | --- |
| **Relationship to Child\*\*:** |  |
| **Full Name:** |  |
| **Address:** |  |
| **Land Telephone Number:** |  |
| **Mobile Number:** |  |
| **E-mail Address:** |  |
| **Preferred method of contact:** | **Telephone Mobile E-mail Post** |

*\*\* Parent/Guardian must have full or joint custody of the child, in the case of guardianship please provide proof.*

**4.  Declaration**

I the undersigned parent/guardian certify that:

4.1 To the best of my knowledge and belief, all information contained in this application and in the accompanying statements and documents are true and accurate.

4.2 When requested I will provide the Treasury with any updated information requested for the continuity of the child’s registration under the Scheme.

4.3 I understand that the application may be assessed regularly to satisfy the Treasury that the child continues to comply with the Travel Credit Scheme Ordinance 2019.

4.4 I am aware that it is an offence not to declare any changes in circumstances that affect the child’s entitlement to registration under the Scheme, within 10 working days from the date of change.

4.5 I am also aware that I may be liable to prosecution if I knowingly and recklessly make a false statement in this application or in a claim for travel credits.

4.6 I will comply with all the requirements and conditions of registration under the Ordinance.

***All parents/guardians listed above must sign below***

Name of applicant:

Signature applicant: Date:

Name of applicant:

Signature applicant: Date:

*When you have completed this form, send it, together with copies of all documents required e.g. passport copies to:* ***The Treasury, Travel Credit Scheme, Stanley*** *or email: travelcreditscheme@sec.gov.fk*

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**FOR TREASURY USE ONLY**

|  |  |
| --- | --- |
| TIN |  |
| Date |  |
| Added by |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Received by 14 June 2019 | YES |  | NO |  |