#### MONTSERRAT

#### STATUTORY RULES AND ORDERS

#### S.R.O. 2 OF 2024

#### **IMMIGRATION (AMENDMENT) REGULATIONS 2024**

#### ARRANGEMENT OF REGULATIONS

1.	Citation	2
2.	Interpretation	2
3.	Regulation 11	
4.	Regulation 13 amended	
5.	Form M of the Schedule amended	3
6.	Form N of the Schedule amended	5
7.	Form R inserted	7

#### Immigration (Amendment) Regulations 2024 S.R.O. 2 of 2024

# MONTSERRAT STATUTORY RULES AND ORDERS S.R.O. 2 OF 2024

#### **IMMIGRATION (AMENDMENT) REGULATIONS 2024**

THE IMMIGRATION (AMENDMENT) REGULATIONS 2024 MADE BY THE GOVERNOR ACTING ON THE ADVICE OF CABINET UNDER SECTION 40 OF THE IMMIGRATION ACT (CAP. 13.01).

#### 1. Citation

This Order may be cited as the Immigration (Amendment) Regulations 2024.

#### 2. Interpretation

In this Regulation "**principal Regulation**" means the Immigration Regulations (Cap. 13.01).

#### 3. Regulation 11

Regulation 11 of the principal Regulation is amended by deleting subregulations (2) and (3) and substituting the following—

- "(2) An application for a work permit by a person who intends to engage in self-employment shall be in Form N of the Schedule.
- (3) A work permit issued under the Act or the Labour Code shall be in Form O of the Schedule."

#### 4. Regulation 13 amended

Regulation 13 of the principal Regulation is amended by inserting the following as subregulation (2A)—

(2A) The holder of a work permit who desires to have the work permit amended may apply to the Governor acting on the advice of Cabinet in Form R and the Governor acting on the advice of Cabinet may amend the permit.

# Immigration (Amendment) Regulations 2024

#### S.R.O. 2 of 2024

#### 5. Form M of the Schedule amended

Form M of the principal Regulation is deleted and substituted by the following—

					"FC	ORM M				
	(Regulation 11(1))									
				М	ION:	ΓSERRAT				
				IMM	IIGR	ATION ACT				
		APPLI	CATIO	ON BY E	MPL	OYER FOR	WORK PE	RMIT		
Tot	the Go	vernor								
men	tioned	person(	s).			permit to en		der-		
1.	Name of Employer									
2.	Addı	ess								
3.	Natu	re of Bu	siness							
4.	No. empl	of oyed	Person	s now						
	(a)	Belon	ging to	Montserra	at	Male		Female		
	(b) Not belonging to Montserrat				to	Male		Female		
5.	Perso	on(s) to l	oe empl	oyed:						
	Nam	e Age	Cou	ntry of		Nationality	Occupation	Qualifications		

# Immigration (Amendment) Regulations 2024

6.	Person(s	s) to be em	ployed: Passpor	t Informa	ition					
	Passport	t Number	Place of Issu	ie	Date o	f Issue				
7.	Date Ar	rived in M	ontserrat/Propos	sed date o	f arriva	l in Montserrat:				
8.	Period o	of Employn	nent							
	1,-									
	2.	2.								
9.	Has applicant ever been refused permission to enter Montserrat or any part of the British Commonwealth or expelled therefrom?									
10.	country?	Has applicant ever been convicted of any crime in Montserrat or any other country?  If so, for what offence								
11.	Is applic	ant sufferi	ng from any me	ntal or ph	iysical ii	nfirmity?				
12.		Family members of person(s) to be employed:  NB: family members mean spouse, partner and child/children under 18 years of age								
	Name	Sex	Age	Nationa	ality	Date arrived in Montserrat/proposed date of arrival in Montserrat				
						,				
13.	Employ	er's Reason	ns for Application	on						
				Employ	yer's Sig	gnature				

# Immigration (Amendment) Regulations 2024

S.R.O. 2 of 2024

Date of Application						
FOR OFFICIAL USE ONLY						
Application Approved	l or refused					
Fee paid						
	Signature					
	Date					

#### 6. Form N of the Schedule amended

The Form N of the principal Regulation is amended by deleting Form N and substituting the following—

	"FORM N
	(Regulation 11(2))
	MONTSERRAT
	IMMIGRATION ACT
	APPLICATION FOR WORK PERMIT (SELF-EMPLOYMENT)
То	the Governor
e m	ereby apply for the grant of a work permit to engage in self- ployment e following details are submitted in support of my application:
1.	Full name of

## Immigration (Amendment) Regulations 2024

2.	Name	Age	Country of Origin	Nation	ality	Occupation	Qualifications	
3.	Passpo	rt Infor	mation of A	pplicant				
	Passpo Numbe		Place of	Issue	Date	e of Issue		
4.	Address in Montserrat.							
5.	Last Address outside					Montserrat		
6.	Date of Arrival in					n Montserrat		
7.	Nature employ	ment				of	self-	
8.	Qualifi						and	
9.	Has applicant ever been refused permission to enter Montserrat or any part of the British Commonwealth or expelled therefrom?							
10.	country	?					Montserrat or any other	
11.	Is appli	cant su	ffering fron	n any me	ntal o	r physical infi	rmity?	
12.	Family	membe	ers:					

## Immigration (Amendment) Regulations 2024

#### S.R.O. 2 of 2024

Name	Sex	Age	Nationality	Date Arrived in Montserrat				
Date of	Applica	ntion						
			FOR OFFICIAL USE ONLY					
Applica	tion Ap	proved o	r refused					
Fee paid	I							
			Signature					

#### 7. Form R inserted

The principal Regulation is amended by inserting the following in the Schedule as form R—

	"FORM R
	(Regulation 13(2))
	MONTSERRAT
	IMMIGRATION ACT
	APPLICATION TO AMEND WORK PERMIT
То	the Governor
	nereby apply to amend my work permit issued onand which bires on
1.	APPLICANT PERSONAL DETAILS

## Immigration (Amendment) Regulations 2024

(a)	Full Applica	name o	f							
(b)	Date of	Birth	Place of Birth	Nationality	Occupation					
(c)	Passport Information of Applicant:									
	Passpor	t Number	Place of Issue	Date of Expiry						
(d)	Current address in Montserrat									
(e)	Contact Number									
(f)	Marital Status:									
	Single □									
	Married □									
	Other									
(g)	Reason for application for amendment of work permit:									
2.	If reason for amendment is to include a family member, please provide the following information:									
		(	CHILD INFORMATION	N (under the age o	f 18)					
(a)	Name	Gender	Date of Birth	Nationality	Date arrived in Montserrat					

# Immigration (Amendment) Regulations 2024

	Passport number	Place of issue	Date of ex	piry Relata	tionship to cant				
(b)	Has your child ever been refused entry into Montserrat or any part of the British Commonwealth or expelled from Montserrat or any part of the British Commonwealth?								
(c)	Has your child ever been convicted of any crime in Montserrat or any other country If yes, for what offence?								
	Has the criminal c	onviction been exp	unged? (Please atta	ch copy of expu	ngement)				
(d)	Is your child suffering from a mental or physical infirmity?								
(e)	Address where your child currently resides/last resided								
(f)	If your child currently resides in Montserrat, state period of absences and reason for absences.								
3.	EMPLOYMENT/FINANCIAL DETAILS								
(a)	Employment status:	Full time□	Part time□	Unemployed□	Disabled□				
(b)	Does the applicant	possess a valid wo	rk permit? Yes	No□ Work pe	ermit Ref.#				
(c)	How often is the applicant paid?  Weekly  Bi-weekly  Monthly  Other  Please specify								
(d)	Normal mode of payment?  Cash  Cheque  Direct Deposit  Other  Please specify								
(e)	Salary Range (per <15000□ 15		5000-35000□	35000-45000□	>45000□				

# Immigration (Amendment) Regulations 2024

4.	EXPENSES									
	1 1-100	Is the applicant in any financial debt. If so state twhom.								
	Expense	es (per mo	nth):							
	Electric	ity		Water						
	Telepho	ne		Internet						
	Food			Loan payments						
	Transpo	rtation		Family Maintenance						
	Other	Other								
5.		ACCOMODATION								
	Housing	Housing arrangement:								
	Rental□ Lease□ Own Property□ Other□ Please specify									
	Number	Number of bedrooms:								
6.	SPOU	USE/PAR	TNER INFORMATIO	N (to be completed by s	spouse/partner)					
(a)	Name	Gender	Date of Birth	Nationality	Date arrived in Montserrat					
	Passpor	number	Place of issue	Date of expiry	Relationship to applicant					
(b)	Have you ever been refused entry into Montserrat or any part of the British Commonwealth or expelled from Montserrat or any part of the British Commonwealth?									
(c)	Have you ever been convicted of any crime in Montserrat or any other country? If yes, for what offence?									

#### Immigration (Amendment) Regulations 2024

#### S.R.O. 2 of 2024

	Has the criminal conviction been expunged? (Please attach copy of expungement)									
(d)	Are you suffering from a mental or physical infirmity?									
(e)	Where	do	you	currently	reside?					
	Signature of spouse/partner									
	Date of Application:									
	Signature of applicant									
	FOR OFFICIAL USE ONLY									
	Application Approved or refused									
			S	ignature						
			Г	Oate						

Made by the Governor with the advice of Cabinet this 4th day of January, 2024.

**CLERK OF CABINET** 

CLERK OF CABINET