



# Antigua and Barbuda Nomad Digital Residence Application Form

Ministry of Foreign Affairs, Immigration, and Trade

Applicants applying for the Nomad Digital Residence Visa are required to complete and submit this application form to [ndrprogrammeau@ab.gov.ag](mailto:ndrprogrammeau@ab.gov.ag). The following documents must also be submitted:

- Passport-sized photograph(s)
- Biodata page of passport(s)
- Proof of relationship of dependant(s)
- Evidence of income of a minimum of £30,000 per annum
- Proof of employment, including self-employment
- Police certificate
- Proof of valid medical insurance

After the application is assessed and approval given, the following fees will be payable: Applicant: £250, spouse £125, dependant relative £125 each.

**Full Name** (First, Middle, Last): \_\_\_\_\_

**Sex:** Male  Female  Prefer Not to Say

**Date of Birth** (DD/MM/YYYY): \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_

**Former Nationality (if applicable):** \_\_\_\_\_

**Marital/Relationship Status:** Married  Divorced  Single  Widowed

## Passport Details

Passport Number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Date of Expiry: \_\_\_\_\_

Country of Issue: \_\_\_\_\_

**Proposed Date of Entry** (DD/MM/YYYY): \_\_\_\_\_

**Proposed Date of Departure** (DD/MM/YYYY): \_\_\_\_\_

## Dependants

Is there any person(s) in the family that would be defined as a dependant?

Yes  No

*If yes, please state full name (First, Middle, Last), date of birth (DD/MM/YYYY), and Passport Details (Passport Number, Date of Issue, Date of Expiry, and Country of Issue)*



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## Contact Information

### Permanent Address

Street Address

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Address Line 2

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City

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Postal Code

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Country

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Email

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Telephone Number

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Emergency Contact

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### Intended Address in Antigua and Barbuda

Street Address

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Address Line 2

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Parish

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## Type of Accommodation

- Hotel
- Guest House
- Private Home
- Apt/Villa
- Eco Lodge
- Other (Specify) \_\_\_\_\_



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**Brief Description of type of work/nature of business in which you will be engaged (including Name of Employer/Business)**

**Have you ever been convicted of a serious criminal offence**

Yes  No

**Applicant's Signature**

\_\_\_\_\_  
**Date** (DD/MM/YYYY)

\_\_\_\_\_

## **Applicant's Declaration**

- I hereby declare that I, or my dependant(s) shall not accept any employment from or offer any services to a citizen, permanent resident, immigrant, work permit holder, or any person or undertaking conducting business in within Antigua and Barbuda. Please ensure that the information you have provided is true and correct. If you submitted false statements or omitted information requested in this form, your visa application could be declined. If it is found later that you have provided false or incorrect information, the visa will be revoked pursuant to the laws of Antigua and Barbuda.

## **Applicant's Consent**

- I hereby certify that the information given by me in this application is true and correct to the best of my knowledge. I understand and agree that any false information, misrepresentation, or omission of facts in this application and the application process, may be justification for refusal of entry or revocation of status.