

# Affidavit of Support

Please fill out legibly. Use black or blue ink only.

## SPONSOR (person who will assume full responsibility for the trip)

|  |                         |                                |
|--|-------------------------|--------------------------------|
| 1. FULL NAME:                              | 2. INCORPORATION FILED: |                                |
| 3. DOCUMENT TYPE AND NUMBER:               | 4. ISSUING POST:        | 5. DATE OF ISSUE (DD/MM/YYYY): |
| 6. FULL ADDRESS (city, state and country): | 7. EMAIL:               | 8. TELEPHONE:                  |

## BENEFICIARY (the person to whom the visa will be processed, if approved):

|                                       |   |                                 |
|---------------------------------------|---|---------------------------------|
| 10. FULL NAME:                        | 11. DATE OF BIRTH (DD/MM/YYYY):<br>03/APRR/1965 |                                 |
| 12. DOCUMENT TYPE AND NUMBER:         | 13. ISSUING POST:                               | 14. DATE OF ISSUE (DD/MM/YYYY): |
| 15. CITY, STATE AND COUNTRY OF BIRTH: | 16. NATIONALITY:                                |                                 |
| 17. RELATIONSHIP WITH THE SPONSOR:    |   |                                 |

I, the sponsor identified above, certify under penalty of perjury under Law, that I have executed freely and willfully this affidavit on behalf of the beneficiary identified above. This document is made for the purpose of assuring the Government of the Bahamas that the person named herein will abide by the laws of the Bahamas, regulations or ordinances made for foreigners willing to travel to Bahamas. I am able to and will assume total responsibility to supporting his or her trip to Bahamas, and I do affirm that the person sponsored by me will not become a public charge during his or her stay in Bahamas as well as he or she will maintain his or her legal status, and will depart prior to the expiration of his or her authorized stay in Bahamas. I am including to this form my financial documents to support this affidavit as prove of my capability to act as a sponsor; along with a beneficiary's letter of commitment of return to the country of origin. I can guarantee that he or she have made appropriate arrangements for lodging and health insurance in case of emergencies.

I acknowledge that I understand the extension of my responsibilities as a sponsor, certify that the information provided herein is true and correct.

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

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