

**REPUBLIC OF PANAMA
MINISTRY OF PUBLIC SAFETY
NATIONAL MIGRATION SERVICE
SWORN STATEMENT OF PERSONAL INFORMATION**

1. FAMILY NAME(S) / LAST NAME(S) (as in passport or travel document)

2. FIRST AND MIDDLE NAME(S) (as in passport or travel document)

3. OTHER LAST NAME(S) OR NAME(S) USED (e.g., maiden)

4. FATHER'S FULL NAME AND NATIONALITY

5. MOTHER'S FULL NAME AND NATIONALITY

6. DATE OF BIRTH (day, month, year)

7. PASSPORT NUMBER: _____

8. PLACE OF BIRTH. COUNTRY: _____ CITY: _____
STATE / PROVINCE: _____

9. NATIONALITY: _____

10. GENDER: MALE
 FEMALE

11. PERSONAL ID NUMBER: _____

12. CIVIL STATUS: Married Single Separated
 Divorced Widowed

If you are married, please fill out the following fields:

NAME OF SPOUSE: _____

NATIONALITY: _____

PROFESSION AND OCCUPATION: _____

SPOUSE'S COUNTRY OF RESIDENCE (please specify): _____

13. RESIDENCE ADDRESS AND PHONE NUMBER IN PANAMA

(Include province, district, corregimiento, street, house number, apartment)

14. WHO LIVES WITH YOU IN THIS RESIDENCE?

15. DO YOU INTEND TO STAY IN THIS RESIDENCE? (Approximate length of stay)

16. MAILING ADDRESS, FAX NUMBER OR E-MAIL ADDRESS (you must provide one for notification purposes)

17. NAME OF THE OWNER OR TENANT OF THE RESIDENCE (if it is rented, name of the owner, and relationship in either case)

18. CURRENT PROFESSION OR OCCUPATION (if you are retired, write "Retired")

19. NAME, ADDRESS AND PHONE NUMBER OF CURRENT EMPLOYER EITHER IN PANAMA OR IN YOUR COUNTRY OF RESIDENCE (if none, cross out)

20. WHICH DEGREES OR DIPLOMAS ENDORSE YOUR ACTIVITY OR PROFESSION?

21. FROM WHICH UNIVERSITY OR INSTITUTION?

22. WHY ARE YOU IN PANAMA? (Pleasure, work, investing, family, and others. Please be specific.)

23. HOW LONG DO YOU INTEND TO STAY IN PANAMA? (days, months, years)

24. WHEN DO YOU PLAN TO RETURN TO YOUR COUNTRY OF ORIGIN?

25. HOW ARE YOU FUNDING YOUR STAY IN PANAMA? (If funds are yours, please describe them)

26. IN CASE YOU CANNOT WORK, WHO WILL BE ECONOMICALLY RESPONSIBLE FOR YOU IN PANAMA, FOR HOW LONG, AND WHAT RELATIONSHIP DO YOU HAVE WITH THIS PERSON?

27. PHONE NUMBER AND ADDRESS OF THIS PERSON

28. NAME OF THE PEOPLE WHO ENTERED PANAMA WITH YOU AND RELATIONSHIP WITH THEM

29. DO YOU HAVE A CONTRACT OR A PROMISE OF EMPLOYMENT TO WORK IN PANAMA?

WHERE? _____

Have you been part of a country's armed forces? YES () NO ()

Rank: _____

If so, where? _____ **When?** _____

30. DO YOU HAVE A CONTRACT OR A PROMISE OF EMPLOYMENT TO WORK IN PANAMA?

() YES () NO

If so, please write the name and full address of the employer in Panama, and if you hold the contract or a private promise of employment, attach it to this form.

IF THAT IS NOT YOUR CASE, DO YOU PLAN TO LOOK FOR A JOB IN PANAMA?

YES NO

IN WHICH AREA? _____

31. DO YOU PLAN TO STUDY IN PANAMA? YES NO

If so, write the name and address of the institution in Panama. Attach admission documents.

32. HAVE YOU EVER VISITED PANAMA? YES NO

FOR HOW LONG? _____

WHAT TYPE OF VISA DID YOU HAVE? _____

33. HAVE YOU EVER HAD A PANAMANIAN VISA APPROVED?

YES NO

WHEN? _____

WHERE? _____ WHAT TYPE OF VISA? _____

34. HAVE YOU EVER BEEN DENIED A PANAMANIAN VISA?

YES NO

35. HAVE YOU EVER HAD A PANAMANIAN VISA CANCELLED OR REVOKED?

YES NO

36. HAS ANYONE EVER REQUESTED A PROVISIONAL RESIDENCE OR PERMANENT RESIDENCE VISA ON YOUR BEHALF?

YES NO

37. ARE ANY OF THESE PEOPLE CURRENTLY IN PANAMA, OR DO THEY HOLD A PANAMANIAN RESIDENCE OR CITIZENSHIP? (Check YES or NO in the box and write the condition of that person, e.g., legal resident, permanent resident, Panamanian citizen, visiting, student, worker, etc.)

<input type="checkbox"/>	<input type="checkbox"/>	Husband	<input type="checkbox"/>	<input type="checkbox"/>	Boyfriend	<input type="checkbox"/>	<input type="checkbox"/>	Brother
YES	NO	Wife	YES	NO	Girlfriend	YES	NO	Sister

38. HAVE YOU FOLLOWED THE LEGAL PROCEDURE AND, CONSEQUENTLY, IS YOUR RESIDENCE IN THE COUNTRY LEGAL?

YES NO

39. IMPORTANT: ALL APPLICANTS MUST READ AND CHECK THE BOX THAT APPLIES TO EACH PROMPT.

- Have you ever been detained or convicted for any crime, even if you have been forgiven or granted an amnesty?
() YES () NO
- Has your entry to Panama ever been denied, have you ever been deported, or have you ever tried to obtain or helped others obtain an entry visa to Panama or any other Panamanian immigration benefit through fraud or other illicit means?
() YES () NO
- Have you ever invested or participated in any type of human trafficking, with or without such persons' consent, somehow fraudulently skipping or avoiding migration controls established in the continental territory of the Republic of Panama?
() YES () NO
- Have you ever illegally distributed or sold a controlled substance (e.g., drugs), been a prostitute or acted as a pander?
() YES () NO
- Have you ever exploited natural resources inside the territory of the Republic of Panama in such a way that could threaten the national economy?
() YES () NO
- Have you ever suffered from a contagious disease relevant to public health or from a dangerous physical or mental disorder, used drugs improperly or been a drug addict?
() YES () NO

40. HAS THIS APPLICATION BEEN FILLED OUT BY SOMEONE ELSE ON YOUR BEHALF?

() YES () NO

If so, that person must provide the information requested in section 41.

41. THIS APPLICATION HAS BEEN FILLED OUT BY:

NAME: _____

ADDRESS: _____

NATIONALITY: _____ **CIVIL STATUS:** _____

PERSONAL ID OR PASSPORT NUMBER: _____

RELATIONSHIP WITH APPLICANT: _____

SIGNATURE OR PERSON FILLING OUT APPLICATION: _____

NOTE: according to the national constitution and the laws of the Republic of Panama, retailing and the practice of some independent professions (such as medicine, dentistry, law, etc.) are limited to Panamanians.

After reading article 50, part number 5, of the Decree-Law number 3 of February the 22nd, 2008, about migration, detailing the prohibitions which result in not being admitted into the territory of the Republic of Panama, do you accept or deny being within the referred prohibitions?

I ACCEPT IT () I DENY IT ()

OBSERVATIONS:

I, _____, after being sworn by _____, declare under oath that all of the information in this form is true, and hence I sign.

I also authorize the National Migration Service of the Republic of Panama to check my legal and police records with the competent authorities of the Republic of Panama or from other countries, as well as international security agencies deemed necessary.

DATE: _____

SIGNATURE OF THE DECLARANT: _____

SIGNATURE OF THE OFFICER: _____

TO BE PRINTED AND PRESENTED THE DAY OF THE APPOINTMENT.