

# GUERNSEY DUAL CITIZENSHIP





## **GRENADA CITIZENSHIP BY INVESTMENT PROGRAM**



## GRENADA CITIZENSHIP BY INVESTMENT PROGRAM CHECKLIST

Applicant Name: \_\_\_\_\_ Applicant No.: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Applying For: ☐ Section 10 Permanent Residence (USD \$75,000)  
(check one) ☐ Section 10 Citizenship (USD \$200,000)  
☐ Section 11 Investment (USD \$500,000)

Req. Opt.

- ☒ A-1 Checklist (this document)  
☐ A-1A Pacific Resources Group Application Control  
☐ A-2 Form I: Government of Grenada Application Checklist  
☐ A-3 Grenada Filing Fees

### **B Primary Applicant**

- ☐ B-1 Form 1: Electronic Signatures  
☐ B-2 Form 2: Family Members  
☐ B-3 Form 3: Citizen / Permanent Resident  
☐ B-4 Form 4: Privacy  
☐ B-5 Form 5: Criminal Records  
☐ B-5A Certification of no criminal sanctions  
☐ B-6 Form 6: Birth Records  
☐ B-6A Passport (first 3 and last 3 pages)  
☐ B-6B Birth Certificate  
☐ B-6C Household Register  
☐ B-6D I.D. card  
☐ B-6E Marriage Certificate / Change of Name (*if any*)  
☐ B-7 Form 7: Support of Dependents over 18 (*if any*)  
☐ B-7A College Transcripts or Confirmations (*if any*)



- ☐ B-8 Form 8: Medical Health Certification
- ☐ B-9 Form 9: Source of Funds (provide detailed statement)
- ☐ B-9A Professional Reference
- ☐ B-9B Bank Reference
- ☐ B-9C Applicant's statement (*optional*)
- ☐ B-9D Resume / C.V. (*optional*)
- ☐ B-10 Six (6) color passport photos

**C Spouse (*if any*)**

- ☐ C-3 Form 3: Citizen / Permanent Resident
- ☐ C-4 Form 4: Privacy
- ☐ C-5 Form 5: Criminal Records
- ☐ C-5A Certification of no criminal sanctions
- ☐ C-6 Form 6: Birth Records
- ☐ C-6A Passport
- ☐ C-6B Birth Certificate
- ☐ C-6D I.D. card
- ☐ C-6E Marriage Certificate / Change of Name (*if any*)
- ☐ C-8 Form 8: Medical Health Certification
- ☐ C-10 Six (6) color passport photos





**D**      **Dependent 1**      Name: \_\_\_\_\_ Age: \_\_\_\_\_

- ☐      D-3      Form 3: Citizen / Permanent Resident
- ☐      D-4      Form 4: Privacy (*if 18 or older*)
- ☐      D-5      Form 5: Criminal Records (*if 11 or older*)
- ☐      D-5A      Certification of no criminal sanctions (*if 11 or older*)
- ☐      D-6      Form 6: Birth Records
- ☐      D-6A      Passport
- ☐      D-6B      Birth Certificate
- ☐      D-6D      I.D. card
- ☐      D-6E      Marriage Cert. / Name Change / Legal Guardianship (*if any*)
- ☐      D-8      Form 8: Medical Health Certification
- ☐      D-10      Six (6) color passport photos

**E**      **Dependent 2**      Name: \_\_\_\_\_ Age: \_\_\_\_\_

- ☐      E-3      Form 3: Citizen / Permanent Resident
- ☐      E-4      Form 4: Privacy (*if 18 or older*)
- ☐      E-5      Form 5: Criminal Records (*if 11 or older*)
- ☐      E-5A      Certification of no criminal sanctions (*if 11 or older*)
- ☐      E-6      Form 6: Birth Records
- ☐      E-6A      Passport
- ☐      E-6B      Birth Certificate
- ☐      E-6D      I.D. card
- ☐      E-6E      Marriage Cert. / Name Change / Legal Guardianship (*if any*)
- ☐      E-8      Form 8: Medical Health Certification
- ☐      E-10      Six (6) color passport photos



**F Dependent 3** Name: \_\_\_\_\_ Age: \_\_\_\_\_

- ☐ F-3 Form 3: Citizen / Permanent Resident
- ☐ F-4 Form 4: Privacy (*if 18 or older*)
- ☐ F-5 Form 5: Criminal Records (*if 11 or older*)
- ☐ F-5A Certification of no criminal sanctions (*if 11 or older*)
- ☐ F-6 Form 6: Birth Records
- ☐ F-6A Passport
- ☐ F-6B Birth Certificate
- ☐ F-6D I.D. card
- ☐ F-6E Marriage Cert. / Name Change / Legal Guardianship (*if any*)
- ☐ F-8 Form 8: Medical Health Certification
- ☐ F-10 Six (6) color passport photos

**G Dependent 4** Name: \_\_\_\_\_ Age: \_\_\_\_\_

- ☐ G-3 Form 3: Citizen / Permanent Resident
- ☐ G-4 Form 4: Privacy (*if 18 or older*)
- ☐ G-5 Form 5: Criminal Records (*if 11 or older*)
- ☐ G-5A Certification of no criminal sanctions (*if 11 or older*)
- ☐ G-6 Form 6: Birth Records
- ☐ G-6A Passport
- ☐ G-6B Birth Certificate
- ☐ G-6D I.D. card
- ☐ G-6E Marriage Cert. / Name Change / Legal Guardianship (*if any*)
- ☐ G-8 Form 8: Medical Health Certification
- ☐ G-10 Six (6) color passport photos



**H**      **Dependent 5**      Name: \_\_\_\_\_ Age: \_\_\_\_\_

- ☐      H-3      Form 3: Citizen / Permanent Resident
- ☐      H-4      Form 4: Privacy (*if 18 or older*)
- ☐      H-5      Form 5: Criminal Records (*if 11 or older*)
- ☐      H-5A      Certification of no criminal sanctions (*if 11 or older*)
- ☐      H-6      Form 6: Birth Records
- ☐      H-6A      Passport
- ☐      H-6B      Birth Certificate
- ☐      H-6D      I.D. card
- ☐      H-6E      Marriage Cert. / Name Change / Legal Guardianship (*if any*)
- ☐      H-8      Form 8: Medical Health Certification
- ☐      H-10      Six (6) color passport photos

**I**      **Dependent 6**      Name: \_\_\_\_\_ Age: \_\_\_\_\_

- ☐      I-3      Form 3: Citizen / Permanent Resident
- ☐      I-4      Form 4: Privacy (*if 18 or older*)
- ☐      I-5      Form 5: Criminal Records (*if 11 or older*)
- ☐      I-5A      Certification of no criminal sanctions (*if 11 or older*)
- ☐      I-6      Form 6: Birth Records
- ☐      I-6A      Passport
- ☐      I-6B      Birth Certificate
- ☐      I-6D      I.D. card
- ☐      I-6E      Marriage Cert. / Name Change / Legal Guardianship (*if any*)
- ☐      I-8      Form 8: Medical Health Certification
- ☐      I-10      Six (6) color passport photos



**Documents Collected but not Submitted**

- ☐ Z-1 USREDA Grenada Client Service Agreement (signed)
- ☐ Z-2 USREDA Grenada Disclosure Statement (signed)
- ☐ Z-3 Wire transfer receipts showing investment of funds
- ☐ Z-4 Source or path of funds information or documentation (*optional*)



## APPLICATION CHECKLIST

A1. Surname (family) name as shown in passport		A2. First (given) name(s) as shown in passport	
A3. Country of Birth		A4. Nationalities	
A5. Current Country of Residence			
A6. Home Address			
A8. Passport Number		A9. Passport Date of Issue and Country	
A10. Passport expiration date			
Applicant Only	All	Description	
	<input type="checkbox"/>	Form 1 – Registration of Use of Electronic Signatures	
<input type="checkbox"/>		Form 2 – Application Form – Family Members	
	<input type="checkbox"/>	Form 3 – Application for Citizenship or Permanent Residence	
	<input type="checkbox"/>	Form 4 – Privacy and Information Release Form	
	<input type="checkbox"/>	Form 5 –Criminal Records Certification	
	<input type="checkbox"/>	Criminal Records Certificates for applicants 16 years of age or older	
	<input type="checkbox"/>	Form 6 –Birth and adoption records and certificates	
	<input type="checkbox"/>	Form 7 – Verification of support documents for children over 18 (if there are such children)	
	<input type="checkbox"/>	Form 8 – Medical Health Certification	
	<input type="checkbox"/>	Color copy of all passports possessed (first 3 and last 3 pages of each)	
	<input type="checkbox"/>	Color copy of all current national identity cards possessed	
	<input type="checkbox"/>	Six (6) color passport photographs (Size between 5 x 6.35cm and 5 x 3.8cm)	
	<input type="checkbox"/>	Certified college or university transcripts for children over 18 (if there are such children)	
<input type="checkbox"/>		Certified copy of marriage and divorce certificates	
<input type="checkbox"/>		Professional Reference	
<input type="checkbox"/>		Bank Reference	
<input type="checkbox"/>		Form 9 – Statement of Source of Funds	



## FORM 1: CITIZENSHIP AND PERMANENT RESIDENCE BY INVESTMENT REGISTRATION OF ELECTRONIC SIGNATURES

B1. Surname (family name) in English as shown on passport		B2. Given name(s) in English as shown on passport	
B3. Place and country of birth		B4. Date of birth (dd/mm/yyyy)	B5. Gender  <input type="checkbox"/> Male <input type="checkbox"/> Female
B6. Home Address		B7. Country of Residence	
B8. Passport Number	B9. Passport date of issue and country	B10. Passport expiration date	
NOTE: This document must be signed under oath and witnessed by a person who is a notary, an attorney licensed to practice law in the jurisdiction where signed, a public official empowered to take oaths in the jurisdiction where the Registration is signed, an Agent licensed under this Act, or a marketing agent licensed or sub-licensed under the Act and these Regulations.			
Description of Electronic Signature proposed by be used by Applicant:		Electronic Document Certifying Authority:	
I, the person identified above, hereby swear or affirm under penalty of perjury that the information provided above is true and accurate to the best of my knowledge and belief. I understand I must read and understand every document to which my signature is electronically made.		I hereby swear or affirm under penalty of perjury that the person signing this document has appeared personally before me, or has provided identification sufficient to establish his or her identity, and has affirmed to me that the information provided is true and accurate. I affix my seal or stamp to this document in evidence thereof, or affirm that I am a person listed in the note above.	
<div style="display: flex; justify-content: space-between;"> <span>Signature _____</span> <span>Date (mm/dd/yyyy) _____</span> </div>		<div style="display: flex; justify-content: space-between;"> <span>Signature _____</span> <span>(Date mm/dd/yyyy) _____</span> </div>	
		<div style="display: flex; justify-content: space-between;"> <span>Title or Position _____</span> </div>	



**FORM 2: APPLICATION FOR CITIZENSHIP OR PERMANENT  
RESIDENCE BY INVESTMENT—FAMILY MEMBERS**

C1. Surname (family) name as shown in passport		C2. First (given) name(s) as shown in passport	
C3. Place and country of birth		C4. Date of birth (dd/mm/yyyy)	C5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
C6. Home Address		C7. Country of Residence	
C8. Passport Number	C9. Passport Date of Issue and Country	C10. Passport expiration date	
<p>C11. Please list all family members who will be included with you under the same application. Please identify the category of each spouse or dependent individually as follows:</p> <p>(1) spouse  (2) son or daughter aged 0 – 11 years  (3) son or daughter aged 12 – 17 years  (4) son or daughter aged 18 – 25 years  (5) parent  (6) other (identify with specificity)</p>			
Surname (family name)	Given name	Relationship to main applicant	Category



PLEASE NOTE THAT ADDITIONAL INFORMATION FORMS MUST BE COMPLETED FOR EACH APPLICANT LISTED ABOVE		C12. Number of listed persons (not including main applicant)	

I hereby certify that the information given above is true and accurate to the best of my knowledge and belief and hereby certify that I have read and understood the form checklist and read and understood all forms identified in that checklist and any attachments to those forms, and all of the questions and information contained within them. I certify that all information provided is true and complete and up to date. I understand that becoming a citizen of Grenada may affect my citizenship or residence status in other countries.

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant





### FORM 3: CITIZENSHIP OR PERMANENT RESIDENCE BY INVESTMENT IN GRENADA.

**A copy of this form must be completed and filed for each family member applying under the Grenada Economic Immigration programme, for either citizenship or permanent residence status.**

D1. Surname (family name) in English as shown on passport		D2. Given name(s) in English as shown on passport	
D3. Former surname (if applicable)		D4. Former given name(s) (if applicable)	
D5. Place and country of birth		D6. Date of birth (dd/mm/yyyy)	D7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
D8. Nationalities		D9. Current Country of Residence	
D10. Home Address		D11. Telephone Number	D12. Email Address
D14. Mailing Address (if different from D10)			
D15. Passport Number	D16. Passport Date Issued and Country	D17. Passport Expiration Date	

With full understanding and without reservation or legal impediment, I hereby apply to become (check only one):

☐ A citizen of Grenada;

☐ A permanent resident of Grenada through the Citizenship by Immigration Act of Grenada.

If there is any change in the circumstances of any person listed in the cover sheet to this application, I will send a written notice to the Agent who submitted my application and also to the Minister of Foreign Affairs of Grenada explaining the circumstances thereof.



In the event that the honor of citizenship in Grenada is granted to me, I solemnly pledge that:

- I will faithfully and carefully observe the laws of Grenada at all times;
- I will conduct myself in such manner as will bring no dishonor to Grenada or its people;
- I will not act in any way against the best interests of Grenada;

I hereby confirm that I will abide in all respects with the provisions of the Grenada Citizenship by Investment Act. I am prepared to unconditionally proceed with the Investment or Contribution described in my application.

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name



#### FORM 4: PRIVACY AND INFORMATION RELEASE FORM

E1. Surname (family name) in English as shown in passport		E2. Given name(s) in English as shown in passport	
E3. Place and country of birth		E4. Date of birth (dd/mm/yyyy)	E5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
E6. Passport Number	E7. Passport date of issue and country		E8. Passport expiration date
E9. Home Address		E10. Telephone Number	E11. Email Address

I hereby authorize, without reservation, the Government of Grenada and/or any agents or representatives that the Government may appoint to:

- Verify information about me and my spouse, children, and parents (were said persons are listed in C11 on Form 2)
- Or retain, to obtain information, including credit reports, police records, Interpol records, electronic records, and records of any kind, about me, my spouse and my children that the Government may determine to be relevant to this application. I understand that such information and records may be obtained from public information, public documents, records of any government, government agencies, and private agencies or bodies.
- I hereby authorize any agency, person, body, entity, or party, contracted by the Government of Grenada or any agents or representatives that the Government may retain or appoint, to furnish the requested records, information, or reports about me or my spouse and my children, and release all parties from any responsibility or liability from requesting or furnishing said records or information.
- To release any information about me contained in this application, in the forms of this application, and other information obtained by the Government of Grenada of any personal information about me, my spouse, or my children in order to verify that such information is complete, truthful, and accurate and to obtain such other information as the Government may determine is useful in the deciding whether to grant my Permanent Residence Status or Citizenship Status to me, my spouse, or my children for such other purposes as are set forth in the laws of Grenada.

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed name of Applicant



## FORM 5: CRIMINAL RECORDS VERIFICATION

F1. Surname (family name) in English as shown in passport		F2. Given name(s) in English as shown in passport	
F3. Place and country of birth		F4. Date of birth (dd/mm/yyyy)	F5. Gender  <input type="checkbox"/> Male <input type="checkbox"/> Female
F6. Home Address		F7. Country of Residence	
F8. Passport Number	F9. Passport date of issue and country	F10. Passport expiration date	
Police Certificates must be less than 6 months old and must state whether there are any records evidencing criminal activities or convictions of the person identified above. Each certificate must be attached to this form when submitted, and if the application is submitted electronically, a scanned copy of sufficient resolution or format to be printed clearly must be provided.			
<p>CR1. <input type="checkbox"/> <b>NOTE: Certificates must be provided for ALL applicants and family members listed.</b> Attached is a true copy (true copies) of police certificate(s) from my country of citizenship and from the country of citizenship of any person listed on Form 5 as a spouse or dependent (unless that person has never lived in the country of citizenship and can provide full information substantiating that fact) and from every country in which I and the other persons listed have lived more than one (1) year during the past ten (10) years.</p> <p>CR2. <input type="checkbox"/> <b>NOTE: Check this box if ANY police certificate required by CR1 is unavailable.</b> I am unable to provide a police certificate required by CR1 for the reason(s) stated below in CR4. is a true copy (true copies) of police certificate(s) from my country of citizenship (unless applicant has never lived in that country) and from every country in which I have lived more than one (1) year during the past ten (10) years. I explain below the circumstances regarding my inability to obtain such records and detail my efforts to obtain them.</p> <p>CR3. <input type="checkbox"/> <b>NOTE: If this box is left unchecked, please explain below or on a separate sheet, the circumstances of the charge or conviction and the current state of prosecution or penal supervision.</b> I, the person signing this form, verify that I have never been convicted of a crime or charged with any criminal offense other than those listed in the police certificates attached to this form.</p>			
CR3. Explanatory Information in English and in Native Language. USE SEPARATE SHEET IF NECESSARY.			
<div style="text-align: right; margin-bottom: 10px;">Date (dd/mm/yyyy): _____</div> <div style="display: flex; justify-content: space-between;"> <span>Signature of Applicant: _____</span> <span>Printed Name of Applicant: _____</span> </div>			





**FORM 7: VERIFICATION OF SUPPORT OF  
DEPENDENTS OVER THE AGE OF 18**

I, \_\_\_\_\_, being the main applicant for an application for (check one):

☐ citizenship by investment,

☐ permanent residence by investment,

declare, under penalty of perjury, that the persons listed below are dependent on me for their support.

An official transcript or written confirmation from an accredited university or college of further education evidencing the enrollment at the time of application must be provided for each person below and attached to this form.

_____ (name)	_____ (date of birth) (relationship)
_____ (name)	_____ (date of birth) (relationship)
_____ (name)	_____ (date of birth) (relationship)
_____ (name)	_____ (date of birth) (relationship)
_____ (name)	_____ (date of birth) (relationship)

Sworn to and signed by me under penalty of perjury this \_\_\_ day of \_\_\_\_\_, 20\_\_ :

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name



## FORM 8: MEDICAL HEALTH CERTIFICATION

The medical health certification must be completed by a registered medical practitioner and signed by a licensed physician or physician's assistant authorized by law to perform medical examinations without supervision.

**ONE MEDICAL HEALTH CERTIFICATION IS REQUIRED FOR EACH PERSON (INCLUDING CHILDREN) WHO WILL BE APPLYING.**

*The medical practitioner must certify that he or she knows the identity of the person either through past personal or professional relationship or by examining identification documents sufficient to satisfy the practitioner of the identity of the subject of the examination.*

H1. Surname (family name) in English as shown in passport		H2. Given name(s) in English as shown in passport	
H3. Place and country of birth		H4. Date of birth (dd/mm/yyyy)	H5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
H6. Home Address		H7. Country of Residence	
H8. Passport Number	H9. Passport date of issue and country	H10. Passport expiration date	
The medical examiner must ask the following questions and mark the answers given. If the answer to any question is yes, then details must be provided including medical diagnosis and dates.			
H11. Do you currently have any serious health problems or issues?			<input type="checkbox"/> Yes <input type="checkbox"/> No
H12. Have you visited a doctor within the past three years other than for routine check-ups?			<input type="checkbox"/> Yes <input type="checkbox"/> No
H13. Have you been admitted to a hospital or other medical care facility for treatment or diagnosis within the past five years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
H14. Do you suffer from tuberculosis, hepatitis, typhoid, or other communicable disease?			<input type="checkbox"/> Yes <input type="checkbox"/> No
H15. Have you been diagnosed as having HIV, HTLV, AIDS or AIDS related conditions, or any immune deficiency syndrome?			<input type="checkbox"/> Yes <input type="checkbox"/> No
H16. Do you suffer or have you ever suffered from any nervous or mental illness or disorder?			<input type="checkbox"/> Yes <input type="checkbox"/> No
The medical examiner must examine the applicant generally and provide the following information. Please provide details if the answer to any question is yes.			
H17. Height (in cm)	H18. Weight (in kg)	H19. Vision impaired and not corrected	<input type="checkbox"/> Yes <input type="checkbox"/> No
H20. <b>Cardiovascular</b> — Any sign of abnormalities including blood pressure, pulse, heart murmurs?			<input type="checkbox"/> Yes <input type="checkbox"/> No



H21. <b>Digestive system and abdomen</b> — Any signs of abnormalities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
H22. <b>Musculoskeletal system</b> — Any signs of abnormalities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
H23. <b>Urogenital system</b> — Any signs of abnormalities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
H24. <b>Endocrine system</b> — Any signs of abnormalities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
H25. <b>Nervous system and sense organs</b> — Any signs of abnormalities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
H26. <b>General health and other systems</b> — Any signs of abnormalities?		<input type="checkbox"/> Yes <input type="checkbox"/> No
H27. <b>Skin, nails, and hair</b> — Any signs of abnormalities or disease?		<input type="checkbox"/> Yes <input type="checkbox"/> No
H28. <b>Comments and final evaluation</b>		
H29. <i>NOTE: Medical examiner must review the results of an HIV/AIDS test that correctly identifies this applicant and that was performed within three (3) months of the examination. Please check NO only if the test was unambiguously negative, and check YES otherwise, with remarks in the comments and evaluation section or on a separate sheet.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
H30. Full name of medical examiner	H31. Organization	
H32. Position and title	H33. Address	
H34. Practitioner license number or certification		
H35. Telephone number	H36. Fax number	
I hereby confirm that I have identified, questioned, and examined the applicant and have answered all of the questions and supplied all of the information to the best of my knowledge and in good faith.		
Medical examiner signature and stamp:		
H38. Date of examination (dd/mm/yyyy)	H37. Place of examination	





### FORM 9: STATEMENT OF SOURCE OF FUNDS

11. Surname (family name) in English as shown in passport		12. Given name(s) in English as shown in passport	
13. Place and country of birth		14. Date of birth (dd/mm/yyyy)	15. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
16. Home Address		17. Country of Residence	
18. Passport Number	19. Passport date of issue and country		110. Passport expiration date
111. Dollar Amount of Funds to be used for Investment or Contribution in Grenada (U.S. Dollars)		112. Deposit Institution currently holding the funds in at least the amount specified in 111	
Please provide a description of the source of the funds specified in 111 above.			
<p>I hereby certify under penalty of perjury that none of the funds specified in 111 above were obtained as the result of any illegal activity, and do not represent the proceeds of any illegal or improper activity, or any terrorist activity and that transfer of these funds to Grenada will not violate any law or legal obligation.</p> <p style="text-align: right;">Date (dd/mm/yyyy): _____</p> <p>Signature: _____ Printed Name: _____</p>			



## WIRE INSTRUCTIONS



This is the wire instruction for HSBC account in Hong Kong

**PLEASE REMIT TO: JJW Consultancy Ltd**

**Account Number – 634-327415-838**

**Bank Name:** The Hongkong and Shanghai Banking Corporation Limited

**Bank Address:** Head Office 1 Queen's Road Central Hong Kong

**SWIFT Code:** HSBCHKHHHKH



**THIS SERVICE AGREEMENT** (the "Agreement") is entered into between USREDA, LLC ("USREDA"), a Delaware company, and the undersigned individual ("Client"), with the purpose of providing legal immigration services as it applies to the Grenada Economic Investment Program ("GEIP").

**WHEREAS**, USREDA has been approved as the Marketing Agent for investments into the National Transformation Fund under Section 10 of the Grenada Citizenship by Investment Act of 2013, and as such will assist immigrant investors who wish to participate in the Grenada Economic Investment Program ("GEIP") and thereby receive citizenship and a Grenadian passport for themselves, and potentially their spouse and dependents.

**1. SCOPE OF ENGAGEMENT:** USREDA (including employees and affiliated entities thereof) will provide legal consulting and processing services to apply on the investor's behalf for citizenship under the GEIP. Services offered will include the collection of required background information and documentation required for Grenadian government applications, and the comprehensive completion of such applications. **The Investor authorizes USREDA to act as the Investor's agent for the purposes outlined herein.**

USREDA will advise only as to Grenadian immigration matters necessary to the filing of your application. USREDA will not advise on which country or specific investment program to invest in, the security of your investment, any tax or securities law matters, or any other legal matters outside the scope of this engagement. USREDA advises you to seek independent counsel on such matters.

**2. JOINT REPRESENTATION AND CONFLICTS OF INTEREST:** USREDA will represent you to the best of our ability. However, USREDA may also represent the interests of other investors. You agree that you intend a joint representation of you and other investors, and that you waive any potential conflicts of interest. You should not ask us to represent you if you are aware that any of your interests are inconsistent with those of the Grenadian government or any other investors in the GEIP, and you must let us know if such conflicts develop. USREDA's legal staff receives compensation for services paid directly by USREDA. Applications will be processed on a first-come, first-served basis.

**3. TERM:** The term of this Agreement shall remain in effect until work is completed and the applicant is accepted or denied by the Grenadian government.

**4. INFORMATION:** The Client acknowledges that USREDA may rely on information and documentation furnished by the Client without independent certification, and the Client represents that such information will be materially complete and correct.

**5. GOVERNANCE:** This contract will be governed by the laws of Palm Beach County, Florida, USA.

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

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_



## **USREDA – GRENADA**

### **ECONOMIC INVESTMENT PROGRAM**

#### **DISCLOSURE STATEMENT**

**THIS DISCLOSURE STATEMENT** is provided by **United States Regional Economic Development Authority, LLC** ("USREDA"), a Delaware company, with its principal place of business in Palm Beach County, Florida.

This Disclosure Statement is presented to any **Investors** seeking to become eligible for admission to the Sovereign Country of Grenada under the Grenada Citizenship by Investment Act of 2013. Specifically, it relates to investment in the National Transformation Fund ("NTF"), authorized by the Grenada Citizenship by Investment Act of 2013, Section 10.

USREDA has been authorized by the Grenadian government with a license to market investment into the NTF, and is providing this Disclosure Statement to any potential parties interested in investing into the NTF Section 10 program (the "Program").

REFERENCES TO THE SECURITIES ACT OF 1933 OR TO THE SECURITIES EXCHANGE ACT OF 1934 ARE REFERENCES TO THE LAWS OF THE UNITED STATES, WHICH MAY NOT APPLY TO YOUR SITUATION, IN FULL OR IN PART, IF YOU ARE A RESIDENT OF A DIFFERENT COUNTRY. REFERENCE TO THESE LAWS DOES NOT MEAN OR IMPLY THAT ISSUANCE OF SECURITIES OR OTHER INSTRUMENTS BY THE GOVERNMENT OF GRENADA IS SUBJECT TO THE REQUIREMENTS OF U.S. LAW, OR THAT A PARTICULAR ISSUER OR INVESTOR WILL BE WITHIN THE GROUP OR CLASS COVERED BY OR PROTECTED BY SUCH LAWS. OTHER REFERENCES TO LAW SHOULD BE TAKEN TO MEAN THE LAWS OF GRENADA, UNLESS THE CONTEXT MAKES CLEAR THAT A DIFFERENT MEANING IS INTENDED.



## DISCLOSURES

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### *1. Jurisdiction*

Neither the Florida division of securities nor the U.S. Securities and Exchange Commission, nor any other U.S. regulatory body, has approved or disapproved these Investments or passed judgment upon the accuracy or adequacy of this Disclosure Statement. Any representation to the contrary is a criminal offense. This Disclosure Statement does not constitute an offer or solicitation in any jurisdiction in which such offer or solicitation is not authorized. Accordingly, this Disclosure Statement may not be used for the purpose of, and does not constitute, an offer or solicitation by anyone in any jurisdiction or in any circumstances in which such offer or solicitation is not authorized or to any person to whom it is unlawful to make such offer or solicitation.

### *2. National Transformation Fund*

Investments into the NTF require a minimum investment amount as required by regulations of the Grenadian government. Such investments are made by Investors into the NTF, which collects investment funds from multiple Investors for the purpose of financing one or more investment projects authorized and operated by the Grenadian government. Funds in the NTF belong to the Grenadian government and are used and invested into projects at the Grenadian government's discretion. Funds of individual Investors are not segregated within the NTF, but are pooled collectively for the purpose of investment into one or more projects to be chosen and operated by the Grenadian government. The Grenadian government has complete discretion over the use of the funds, which investment projects to invest in, the time period for which the funds will be invested, the risk of loss of the investment, and the potential return on the investment. The Grenadian government has not yet determined if it intends to operate the projects profitably and return investment principal and a share in potential profits to Investors, and there is no guarantee of such an outcome.

As such, any investment into the NTF is completely "at risk" and bears the risk of partial or total loss. Additionally, there is no guarantee when the investment funds will be recouped or repaid to investors, if ever. Additionally, there is no guarantee of any interest or profit to be paid to investors on their investment; if such interest or



profit is paid, the amount and timing of such is solely at the discretion of the Grenadian government.

While Investors are at risk for the amount invested into the NTF, they will not be liable for any amounts beyond the amount invested.

### *3. Forward-Looking Statements*

Brochures, websites, and other documents referring to the Program or the Grenada Citizenship by Investment Act of 2013, as well as business plans and other project-related documents used to describe projects chosen by the Grenadian government to receive NTF funds may contain “forward-looking statements” within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934, which represent expectations or beliefs concerning future events that involve risks and uncertainties, including those associated with the ability to obtain financing for current and future operations. All statements other than statements of historical facts included in such documents are forward-looking statements. Although the drafting parties believe that the expectations reflected in such forward-looking statements are reasonable, they cannot assure you that such expectations will prove to have been correct.

Forward-looking statements are also based on certain current budgeting considerations and other assumptions relating to the project developer’s ability to obtain returns for its investors, successfully market its services, procure sufficient capital to expand operations, and maintain strict regulatory procedures while conducting business. Assumptions relating to the preceding and foregoing information involve judgments that are difficult to predict accurately and are subject to numerous factors that may materially affect the project developer’s results.

Budgeting, investment, and other managerial decisions are subjective and are thus susceptible to interpretations and periodic revisions based on actual experience and business developments, the impact of which may cause the project developer to alter budgets and amend strategies, any or all of which may materially affect the project’s results.

The foregoing considerations, as well as a variety of other factors not set forth herein, could cause the investment projects’ actual results and experience to differ



widely or materially from the anticipated results or other expectations in the forward looking statements.

#### ***4. Grenadian Government Immigration Disclosures***

Upon making their investment into the NTF, Investors must apply to the Grenadian government to obtain citizenship in the Sovereign Country of Grenada. Such an application is subject to the rules and regulations promulgated by the Grenadian government, and may include requiring a background check, criminal history check, check of financial records, or medical check of the Investor and any dependent beneficiaries. At the Grenadian government's discretion, it may also require an in-person interview or oath of citizenship. The Grenadian government maintains the sovereign right to deny any application for Grenadian citizenship for any reason at its sole discretion. Failure of the applicant to furnish any requested information or perform any requested action could result in denial of the application for Grenadian citizenship. In the case of fraud on the part of the Investor or fraudulent information provided by the Investor to USREDA or the Grenadian government, the Grenadian government has the right, at its discretion, to deny the application for Grenadian citizenship and impose other penalties as provided by Grenadian law.

Additionally, after being approved for Grenadian citizenship, or for Permanent Residence status, the Investor may be required to maintain Grenadian residence, fulfill certain residency requirements, or such other requirements as promulgated by Grenadian government at least until such citizenship is granted. Failure to fulfill these requirements may result in loss of Grenadian residence or right to acquire citizenship, or loss of the investment in the NTF.

After being granted citizenship, the Investor is expected to have the same status as any other citizen of Grenada with regard to maintaining citizenship.

#### ***5. Liquidity***

Investment into the NTF is illiquid, and funds should only be invested if the Investor is willing to maintain such investment for an indefinite period of time.



## ***6. Accredited Investors***

By signing below, the Investor certifies that he/she is an Accredited Investor, with sufficient capital to withstand the loss of part or all of his/her investment, and sufficient investment experience to understand the risks detailed herein.

## ***7. Economic Factors and Macroeconomic Risks***

The return of the Investment may depend on global macroeconomic factors, as well as economic factors within Grenada, which are outside USREDA's or the Grenadian government's control.

## ***8. Licensing***

Application into this program should only be handled by agencies, such as USREDA, licensed to do so by the Grenadian government. Additionally, the Investor's application for immigration to Grenada should be handled by qualified, experienced attorneys familiar with the Grenadian immigration program. Improper handling of the Investor's immigration application by unlicensed, unqualified, or inexperienced agents may lead to denial of the Investor's immigration application or loss of the Investor's investment.

## ***9. Construction and Development Risks***

Construction, development, leasing, or operation of investment projects may be delayed or prevented by inclement weather, natural disasters, or other acts of God. Buildings, fixtures, and other project assets may be damaged or destroyed by natural disasters.

## ***10. Operating History***

As a new immigration program, the NTF has only a limited operating history with no history of successful investment programs or return of investment capital. Similarly, there is only limited history of immigration approvals based on the Program.

**[SIGNATURE PAGE FOLLOWS]**





## ACKNOWLEDGEMENT

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### USREDA GRENADA DISCLOSURE STATEMENT

By signing below, the Investor agrees that he/she has read, understood, and agrees to the risks and terms detailed herein.

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Investor's Signature

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Date

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Printed Name

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File Number