



CIVIL REGISTRY DEPARTMENT AND VITAL STATISTICS UNIT

APPLICATION FOR LICENSING OF AUTHORIZED AGENTS

Official Use Only

Application No.: _____

Date Received: _____

Processed By: _____

Decision: Approved Rejected Pending

Licence No. (if approved): _____

SECTION 1: TYPE OF APPLICATION

New Application

Renewal

Amendment (specify): _____

SECTION 2: CATEGORY OF AGENT (Tick one)

Individual Agent

Institutional Agent (Organization/Company/NGO)

Professional Agent (Attorney, Notary, Funeral Director, etc.)

SECTION 3: APPLICANT INFORMATION

A. Individual Applicant

Full Name (as per ID): _____

Date of Birth: _____

Photo Identification Document: _____

Nationality: _____

Residential Address: _____

Telephone No.: _____ Email: _____

B. Institutional / Business Applicant (if applicable)

Registered Name of Organization: _____

Business Registration No.: _____

Registered Address: _____

Telephone No.: _____ Email: _____

Name of Authorized Representative: _____

Position/Title: _____

SECTION 4: PROFESSIONAL DETAILS

Occupation/Profession: _____

Employer (if applicable): _____

Years of Relevant Experience: _____

SECTION 5: SUPPORTING DOCUMENTS CHECKLIST

(Attach certified copies where applicable)

Government-issued photo identification

Police record / background check

Proof of address

Business registration certificate (if applicable)

Professional license/certification (if applicable)

Certificate of Good Standing (if applicable)

Letter of authorization/endorsement (for institutions)

Two (2) passport-sized photographs

SECTION 6: DECLARATION BY APPLICANT

I, _____, hereby declare that:

- The information provided in this application is true and correct.
- I understand and agree to comply with all laws, regulations, policies, and ethical standards governing the Civil Registry Department and Vital Statistics Unit.
- I acknowledge that providing false or misleading information may result in rejection, suspension, or revocation of my license and possible legal action.

Applicant's Signature: _____

Date: _____

SECTION 7: CERTIFICATION BY CRVS DEPT. (OFFICIAL USE ONLY)

Background check completed

Documents verified

Officer's Name: _____

Officer's Signature: _____

Date: _____

SECTION 8: LICENCE DETAILS (Upon Approval)

Licence Valid From: _____

Licence Expiry Date: _____

Authorized Agent ID Number: _____

IMPORTANT NOTES

- Licences are valid for one years and must be renewed prior to expiration.
- Licensed agents must carry their Agent ID when conducting CRVS business.
- The licence is non-transferable.