

EMBASSY OF SAINT LUCIA 1629 K Street, NW, Suite 1250 Washington, DC 20006 Telephone: (202) 364-6792

Fax: (202) 364-6723 E-mail: embassydc@gosl.gov.lc

STATEMENT OF WITNESS

NAME:	
NATIONALITY:	NIS#
TELEPHONE:	(Home)
ADDRESS:	
DATE & TIME:	
PLACE & DATE OF BIRTH:	
OCCUPATION:	
This statement consisting ofbelief and I make it knowing tha willfully stated in it anything whic	pages each signed by me, is true to the best of my knowledge and it if it is tendered in evidence, I shall be liable to prosecution if I have h I know to be false or do not believe to be true.
SIGNED	DATE:
_	
CICNED.	DATE•

Continuation of Statement			
SIGNED:	DATE:		



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Ι,		
	ent was made by me and the same is true is found to be false, I am liable to be pro	
I further swear that this statement is tru	ue and correct:	
SIGNED:	Date:	
Notary Royal/Notary Public		
Ι,		
Notary Royal/Notary Public, residing a	t	
do witness the above statement this	day of	20
SIGNED:	DATE:	