

TEMPORARY RESIDENT SPONSORSHIP FORM

To be completed by a Sponsor who wishes to sponsor an overseas person.

SE	ECTION 1.	DETAILS OF LO	CAL S	PONS	OR			
1.	Name First			Last				
2.	Address in Samoa							
3.		4. Gend	der		5. Na	tionality		
6.	Occupation			7. E	mployer			
8.	Relationship to the perso	on sponsored						
9.	Evidence of your capacity under the sponsorship	to meet your financial obligation please give detail						
			(ii)					
10	D. Contact telephones		Email ac	ddress				
SI	ECTION 2. DETAI	LS OF THE OVERSE	EAS PE	RSON	AND	FAM	ILY SPONSOI	RED
1.	Name of Overseas person							
2.	Date of birth (D/M/Y)							
3.	Place of birth	City			Country			
4.	Nationality			P	'asssport r	number		
6.	Name of spouse included	in sponsorship				DOB		
7.	Names and DOBs of childr	ren included in sponsorship 1				DOB		
		2			DOB			
		3[DOB		
8.	Duration of stay in Samo	а		month	s		years	
SECTION 3. SPONSOR'S DECLARATION								
Per car Sar	rsuant to section 11(5) of the e, maintenance and treatme moa and to pay the government	Immigration Act 2004, I as sported to the person sponsored duent any costs and expenses in uring the person's presence in	onsor, shaluring such	II be liable person's the Gover	for all cos presence in nment in c	sts and e	a and conveyance from the care, main	om
Da	ted at	this		day	y of		200	
Sig	gnature of sponsor							
Wi	itnessed by: Name			A	Address			