



HM CuSTOMS AND RESIDENCY DEPT.KINGDOM OF THE STATE OF BIR TAWIL

FORM FOR THE APPLICATION OF CITIZENSHIP OF THE KINGDOM OF THE STATE OF BIR TAWIL. BEFORE PROCEEDING PLEASE ENSURE THAT YOU MEET AT LEAST 1 OF THE CRITERIA SETS BELOW-:

Criteria Set A-

- *I, the applicant, were born in territories passed at that time by the Kingdom of the State of Bir Tawil, and seek to take my rightful citizenship*
- *I am over the age of 16 and therefore considered an adult in the Kingdom of the State of Bir Tawil*
- *I renounce my West Bir Tawilian Citizenship immediately upon receiving confirmation of East Bir Tawilian Citizenship*
- *I have no criminal record in the Kingdom of the State of Bir Tawil*

Criteria Set B-

- *I, the applicant, were born outside of the Kingdom of the State of Bir Tawil, but support the King's regime and wish to take up East Bir Tawilian citizenship*
- *I hold no West Bir Tawilian citizenship, nor shall I seek it after or during this application process. I will renounce any West Bir Tawilian citizenship immediately upon receiving confirmation of East Bir Tawilian Citizenship*
- *I am over the age of 16, and therefore considered an adult in Bir Tawil, or have parental permission to apply for citizenship*
- *I have no criminal record in the Kingdom of the State of Bir Tawil, and have never been convicted of an offence carrying a prison sentence in any nation who's sovereignty is recognised by the Kingdom of the State of Bir Tawil*

Criteria Set C-

- *I have a useful sports skill and would like to represent the Kingdom of the State of Bir Tawil, and would like to represent the nation in any competitions I may be selected for*
- *I accept that my citizenship is conditional on me being accepted as a 'talented individual' by a qualified Bir Tawilian coach of the respective sports association*

Please state the Criteria Set that you meet _____

First Name _____

Middle Name/s (optional) _____

Last Name _____

Date of Birth _____

Age at time of application _____

Country of Birth _____

Please list any countries you hold citizenship of currently (you may retain this citizenship also) _____

Current Occupation _____

Current Settlement and Country of Residence _____

PLEASE COMPLETE AT LEAST ONE OF THE BELOW SO WE ARE ABLE TO CONTACT YOU

E-mail address _____

Telephone _____

Mobile Telephone _____

Address _____

Signature of parent/guardian if required _____

Please return all forms to the following address-:

Customs and Residency Dept., 7 Einbahnstrasse, Fullah Alfalfah, Kingdom of the State of Bir Tawil

OR (RECOMMENDED)

Email a fully filled in form to . Should you use this option, we will contact you through email birtawil.gob@gmail.com primarily.