**Form 1A**

**Permanent Residence Permit Points System (9th January 2025)**

**ADULT PRINCIPAL APPLICANT and ADULT DEPENDENT PARTNER**

► **READ THIS FIRST**

Complete this form if you are either:

1. an adult principal applicant applying for a permanent residence permit, or
2. a partner included in the application of a principal applicant.

A **principal applicant** must also complete the Form 1B Self-Assessment unless they are the partner of a person who has Falkland Islands status or of a person holding a permanent residence permit.

Only complete this form after you have carefully read the General Guidance and the Form 1A Guidance that is provided to assist you. We strongly recommended that you also refer to the Form 1A Guidance while you are completing this form.

The Customs & Immigration Service is not obliged to seek any further information or documents and may make a decision on your application on the information provided. It is your responsibility to ensure you submit all information and supporting documents you wish to be taken into account.

If you are unable to provide a relevant document, please explain why. If it is discovered that you knowingly included false information or false documents in your application or failed to provide information that should have been included, it will be refused and you may also be committing an offence under the Immigration Ordinance 1999.

Please read Part 12 of the General Guidance carefully (the definition of ‘date of application’) before completing any of the forms, as it is relevant to some of the information you are asked to provide.

If there is insufficient space in which to answer any of the questions contained in the form or if there is further information you wish to provide in support of your application, use the additional information sheet provided at Part 11.

**Part 1 Your Personal Information**

* 1. Enter your Falkland Islands immigration personal identity number here

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| N | N | N | N | N | N | N |

* 1. Put a cross (x) in the relevant box to indicate whether you are applying as a principal applicant a partner
	2. Put a cross (x) in the relevant box to indicate your preferred title

Mr Miss Mrs Ms Other (specify)

* 1. Surname/s

1.5 First Name/s

1.6 Other Name/s

1.7 Date of Birth 1.8 Gender Female Male

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| --- | --- | --- | --- |
| Y | Y | Y | Y |

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| --- | --- |
| M | MD |

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| --- | --- |
| D | DD |

1.9 Place of birth 1.10 Country of birth

* 1. Country of citizenship
	2. Put a cross (x) in the relevant box to indicate if you are also a citizen of any other countries

Yes

No

* 1. If ‘Yes’, provide details below

|  |
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* 1. Put a cross (x) in the relevant box to indicate your current partnership status

Single Married Civil partner Unmarried partner

**Part 2 Your Passport Information**

2.1 Your current passport no.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| N | N | N | N | N | N | N | N | N |

* 1. Issue date

M

M

D

D

2.2 Issuing authority

* 1. Expiry date

M

M

D

D

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

* 1. Put a cross (x) in the relevant box to indicate if this is your first passport

No

Yes

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| --- | --- | --- | --- |
| Y | Y | Y | Y |

* 1. If ‘’No’, provide details of your previous passports covering the last 10 years including where those passports are now

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**Part 3 Residency Information**

* 1. Put a cross (x) in the relevant box to indicate if you are ordinarily resident in the Falkland Islands

Yes

No

* 1. If ‘Yes, provide the date of when you became ordinarily resident

M

M

D

D

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

**Note You must have been ordinarily resident in the Falkland Islands for at least the 3 years immediately before the date of your application**

* 1. Provide details in the table below of all your absences from the Falkland Islands in respect of the 3 years immediately before the date of your application, beginning with the most recent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Principal country visited | Principal reason for absence | Date of departure | Date of arrival | Total number of days absent |
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|  |  |  |  |  |
| Total number of days absent |  |

**Part 4 Your Residential Address and Contact Details**

4.1 Your address in the Falkland Islands 4.2 Home (land line) telephone number

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4.3 Mobile telephone number

E-mail address

4.4

4.5 Your current address if different from above 4.6 Home (land line) telephone number

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4.7 Mobile telephone number

E-mail address

4.8

**Part 5 Your Family**

# Note 1. If you have ticked the ‘Single’ box at 1.14 Partnership status above or you are completing this form as the partner of a principal applicant, go to Part 5b

**Note 2. If you are a principal applicant and your partner is included in your application or they are a person with Falkland Islands status or have a permanent residence permit and are ordinarily resident in the Falkland Islands on the date of application, you must complete this part and then go to Part 5b**

**Part 5A Your Partner**

5.1 Put a cross (x) in the relevant box to indicate your partner’s preferred title

Mr Miss Mrs Ms Other (specify)

 5.2 Surname/s

5.3 First Name/s

5.4 Other Name/s

5.5 Date of Birth 5.6 Gender Female Male

|  |  |
| --- | --- |
| M | M |

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| --- | --- |
| D | D |

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| --- | --- | --- | --- |
| Y | Y | Y | Y |

5.7 Place of birth 5.8 Country of birth

* 1. Country of citizenship
	2. Put a cross (x) in the relevant box to indicate if your partner is also a citizen of any other countries

Yes

No

* 1. If ‘Yes’, provide details below

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* 1. Their current passport no.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| N | N | N | N | N | N | N | N | N |

* 1. Issue date

M

M

D

D

5.13 Issuing authority

* 1. Expiry date

M

M

D

D

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

* 1. Put a cross (x) in the relevant box to indicate if this is your partner’s first passport

No

Yes

* 1. If you answered ‘’No’, provide details of your partner’s previous passports covering the last 10 years including where those passports are now

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* 1. Put a cross (x) in the relevant box to indicate your partner’s current immigration status in the Falkland Islands Temporarily resident Permanent Residence Permit holder

Has Falkland Islands status

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

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| M | M |

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| --- | --- |
| D | D |

 5.19 If married, give the date of your marriage ceremony

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

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| --- | --- |
| M | M |

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| --- | --- |
| D | D |

 5.20 If in a civil union, give the date of your civil union ceremony

 5.21 If you are not married or in a civil union, state the number of years and

 months you have been together in a relationship Years Months

 5.22 Put a cross (x) in the relevant boxes to provide your answers to the following questions in connection with

 5.19 to 5.21 above by answering ‘Yes’ or ‘No’.

Yes

No

1. Have you included your partner in your application for a permanent residence permit?

No

Yes

1. Are you living together in a genuine partnership?

Yes

No

1. Does your partnership meet the regulated definition as set out in the General Guidance?

**Note 1. If you have answered ‘Yes’ to Questions a. to c. above, your partner must also complete a separate Form 1A. If you have answered ‘No to any of the questions, your partner will not be included in your application**

**Note 2. It is for the principal applicant to provide evidence to show they have been together with their partner in a genuine partnership which meets the regulated definition as outlined in the Guidance.**

# Part 5b Dependent Children

**Note 1. If you are completing this form as a principal applicant you should only complete this part if you wish to include dependent children in your application, otherwise go to Part 6.**

**Note 2. If you are completing this form as a partner included in the application of a principal applicant, dependent children, if any, will be included in the principal applicant’s application and therefore you are not required to complete this part, go to Part 6.**

**Note 3. Any children that are included in the application who are 16 years or older must each complete a Form 2.**

* 1. Provide below, details of all dependent children that you are including in your application

# Child 1

Surname/s First name/s

Gender Female Male Country of citizenship

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of birth | D | D |  | M | M |  |  |  |  |  | Age now |  |  | Y | Y | M M |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PIace of birth |  |  |  |  |  |  |  |  |  |  | Country of birth |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| N | N | N | N | N | N | N | N | N |

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| Passport number |  |  |  | N | N | N | N | N | N | N | Issuing authority |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Issue date | D | D |  | M | M |  |  |  |  |  | Expiry date | D | D |  | M | M |  |  |  |

# Child 2

Surname/s First name/s

Gender Female Male Country of citizenship

Date of birth Age now

M

M

Y

Y

M

M

D

D

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

PIace of birth Country of birth

M

M

D

D

M

M

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

Passport number Issue date

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| N | N | N | N | N | N | N | N | N |

D

D

# Child 3

Issuing authority Expiry date

Surname/s First name/s

Gender Female Male Country of citizenship

Date of birth Age now

M

M

Y

Y

M

M

D

D

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

PIace of birth Country of birth

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D

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M

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| --- | --- | --- | --- |
| Y | Y | Y | Y |

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| --- | --- | --- | --- |
| Y | Y | Y | Y |

Passport number Issue date

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
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| N | N | N | N | N | N | N | N | N |

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# Child 4

Issuing authority Expiry date

Surname/s First name/s

Gender Female Male Country of citizenship

Date of birth Age now

M

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Y

Y

M

M

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| --- | --- | --- | --- |
| Y | Y | Y | Y |

PIace of birth Country of birth

Passport number Issue date

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| --- | --- | --- | --- |
| Y | Y | Y | Y |

|  |  |  |  |
| --- | --- | --- | --- |
| Y | Y | Y | Y |

Issuing authority Expiry date

**Note If you need to provide information in respect of more dependent children, please use the Additional**

**Information page at Part 11.**

* 1. State the total number of dependent children you have included in your application

**Part 6 Health Assessment**

**Note You must only complete this part if you are a principal applicant, otherwise go to Part 8.**

6.1 Put a cross (x) in the box to confirm that you have provided a health assessment in respect of yourself and if applicable, your partner and any dependent children included in your application

**Note If you have not included a health assessment for all persons included in your application it will be rejected.**

**Part 7 Educational Assessment**

**Note You must only complete this part if you are a principal applicant with a dependent child or children included in the application, otherwise go to Part 8.**

7.1 Put a cross (x) in the box to confirm that you have provided an educational assessment in respect of dependent children under 16 included in your application

**Note If you have not included an educational assessment for all relevant persons included in your application it will be rejected.**

**Part 8 Your Home in the Falkland Islands**

**Note 1. You must only complete this part if you are a principal applicant, otherwise go to Part 9.**

**Note 2. The information you are asked to provide relates to where you ordinarily reside in the Falklands Islands, the address of which you have already provided at 4.1 above.**

* 1. Put a cross (x) in the box that best describes your current accommodation

House Flat Mobile home Bedsit

Bedsit Other – provide a description

* 1. State the total number of occupants or intended occupants

N

N

* 1. State the total number of rooms (exceeding 4.6 square metres)

N

N

* 1. The size and occupancy of each room

# Room 1

|  |  |  |
| --- | --- | --- |
| **Floor area in square metres** | Sq m |  |
|  | **Number of Persons** | **Number by sex** | **Relationship between persons of 10 years or older** | **Relationship between persons of 10 years or older and any****children over 1 year but under 10 years, if applicable** |
| **Female** | **Male** |
| **Persons of 10 years or****older** |  |  |  |  |  |
| **Children over 1 year and under****10 years** |  |  |  |  |  |
| **TOTAL** |  |  |  |  |

**Room 2**

|  |  |  |
| --- | --- | --- |
| **Floor area in square metres** | Sq m |  |
|  | **Number of Persons** | **Number by sex** | **Relationship between persons of 10 years or older** | **Relationship between persons of 10 years or older and any****children over 1 year but under 10 years, if applicable** |
| **Female** | **Male** |
| **Persons of 10 years or****older** |  |  |  |  |  |
| **Children over 1 year and under****10 years** |  |  |  |  |  |
| **TOTAL** |  |  |  |  |

**Room 3**

|  |  |  |
| --- | --- | --- |
| **Floor area in square metres** | Sq m |  |
|  | **Number of Persons** | **Number by sex** | **Relationship between persons of 10 years or older** | **Relationship between persons of 10 years or older and any children over 1 year but under****10 years, if applicable** |
| **Female** | **Male** |
| **Persons of****10 years or older** |  |  |  |  |  |
| **Children over 1 year and under****10 years** |  |  |  |  |  |
| **TOTAL** |  |  |  |  |

**Room 4**

|  |  |  |
| --- | --- | --- |
| **Floor area in square metres** | Sq m |  |
|  | **Number of Persons** | **Number by sex** | **Relationship between persons of 10 years or older** | **Relationship between persons of 10 years or older and any****children over 1 year but under 10 years, if applicable** |
| **Female** | **Male** |
| **Persons of****10 years or older** |  |  |  |  |  |
| **Children over 1 year and under****10 years** |  |  |  |  |  |
| **TOTAL** |  |  |  |  |

* 1. Do all occupants have access to a kitchen, toilet and washing facilities and (except where it is a bedsit) a separate living area?

Yes

No

* 1. If ‘No’, provide further information regarding the arrangements you have for these facilities
	2. Will the accommodation you have outlined above be available to everyone for at least 6 months from the date of your application?

Yes

No

**Note 1. If you have answered ‘No’ to 8.7, you must provide on the Additional Information page at Part 11, the address of your intended future accommodation, the period it will be at your disposal and also provide the information as is relevant to questions 8.1 to 8.6 above.**

**Note 2. If you are unable to adequately show that you have satisfactory accommodation in place for at least 6 months from the date of your application it is probable that your application will be refused.**

**Part 9 Your Command of English Language**

**Note A principal applicant and a partner who is included in an application must have a sufficient command of English to meet the ordinary needs of life.**

* 1. Put a cross (x) in the relevant box to indicate how you are claiming that you satisfy the English language

 Requirement and where applicable, provide the information also requested.

* + 1. You are a citizen of one of the accepted English

speaking countries listed in the General Guidance Country

* + 1. You have one of the accepted qualifications outlined in

the General Guidance Qualification

* + 1. You have passed the approved English Language test administered by the Falkland Islands Education Department

**Note You must satisfy the English language requirement and provide documentary evidence to show that you meet this requirement otherwise your application will be refused.**

**Part 10 Your Personal Background**

* 1. Detail in the table below the countries
		1. where you have resided since the age of 16 for 12 months or more in the 5 years before the date of your application, and;
		2. of which you are a citizen and in which you have resided since you were 16

Include countries where your residence has been broken by short periods of absence.

|  |  |  |
| --- | --- | --- |
| **Country** | **Date of taking up residence in the Country****DD/MM/YYYY** | **Date of final departure from the country, if applicable****DD/MM/YYYY** |
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* 1. Have you ever been convicted of any criminal offences, received a caution or

No

Yes

 a fixed penalty (FPN) in any country?

If you have answered ‘Yes’, provide details below, if you answered ‘No’ go to Question 10.3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Country** | **Offence/Caution/FPN** | **Date** |  **Outcome** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
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| **7** |  |  |  |  |
| **8** |  |  |  |  |

**Note If you have to provide more details - continue on the Additional Information sheet at Part 11**

* 1. Even if you have answered ‘No’ to Question 10.2 above, you must answer the following questions by putting a cross (x) in the relevant box in order to answer ‘Yes’ or ‘No’
	2. Have you ever been refused entry to any country?

No

Yes

* 1. Have you ever been deported, removed or otherwise required to leave any country?

No

Yes

* 1. Are you an undischarged bankrupt?

No

Yes

* 1. Have you ever been charged or indicted in any country with a criminal offence for which you have not yet been tried in court?

No

Yes

* 1. In time of either peace or war, have you ever been involved, or suspected of involvement in war crimes, crimes against humanity or genocide?

No

Yes

* 1. Have you ever been involved in, supported or encouraged terrorist activities in any country?

No

Yes

* 1. Have you ever, by any means or medium, expressed views that justify or glorify terrorist violence or that may encourage others to commit terrorist acts or other serious criminal acts?

No

Yes

* 1. Have you ever been a member of, or given support or adhered to any group of persons or their organisations which held objectives which were based on hostility against persons or groups of persons on the basis of colour, race, ethnic or national origin, or were based on a representation that persons of a particular race or colour are inherently inferior or superior to other races or colours?

No

Yes

* 1. If you have answered ‘Yes’ to any of the questions numbered 10.4 to 10.11 above, provide details below. If there is insufficient space, continue on the Additional Information page at Part 11

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**Part 11 Additional Information**

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|  | Use this information page if there is insufficient space in which to answer any of the questions contained in this form, or if there is any further information you wish to provide in support of your application. |
| Part number | Additional Information page of  |
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**Part 12 Supporting Documents Check List**

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| **a. Documents you must provide in support of your application (as applicable)** |
| **i. Your documents** |
| **Document** | **Quantity** |
| Birth certificate |  |
| Current and previous passports |  |
| Falkland Islands Immigration movement record |  |
| Marriage certificate |  |
| Civil union certificate |  |
| If you are not single, not married nor in a civil union, evidence of your partnership |  |
| Health assessment |  |
| Evidence of English language capability e.g. qualification taken in English, examination certificate |  |
| Title evidence or tenancy agreement or other documents provided as evidence of your accommodation |  |
| Police certificates or other similar documents |  |
| Other documents you have chosen to provide (list below) |  |
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| **ii. Your partner’s documents (if applicable)** |
| **Document** | **Quantity** |
| Birth certificate |  |
| Current and previous passports |  |
| Falkland Islands Immigration movement record |  |
| Health assessment |  |
| Evidence of English language capability e.g. qualification taken in English, examination certificate |  |
| Police certificates or other similar documents |  |
| Other documents you have chosen to provide (list below) |  |
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| **iii. Your dependent children’s documents (if applicable)** |
| **Document** | **Quantity** |
| Birth certificate |  |
| Adoption or custody documents, if relevant |  |
| Current and previous passports |  |
| Falkland Islands Immigration movement record |  |
| Health assessment(s) |  |
| Educational assessment(s) (if there are children under 16) |  |
| Police certificates or other similar documents (if there are children who are 16 or older) |  |
| Other documents you have chosen to provide (list below) |  |
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**Part 13 Declaration**

This is my application for a Permanent Residence Permit in respect of the Falkland Islands.

I have read the notes in this form (and if applicable, Form 1B Self-Assessment) and the Guidance that has been provided to me. I confirm that the information that I have given about myself and, if applicable to me, my partner and dependent children in this application, is true and complete to the best of my knowledge.

I declare that the documents that I have supplied with this application are genuine and the statements I have made with this application are truthful. I understand that the Principal Immigration Officer or an Immigration Officer handling my application (or a trusted third party) may make reasonable checks to confirm the accuracy and authenticity of the evidence and supporting documents I have submitted with this application.

I confirm that if before this application is decided, there is a material change in my circumstances or new information relevant to this application becomes available, I will inform the Principal Immigration Officer in writing as soon as reasonably possible

I understand that if the Customs & Immigration Service has reasonable cause to believe that any documents I have submitted with this application are forged, fraudulent or not genuine and the Customs & Immigration Service has sought to verify the documents but has not been able to verify them, if the points system applies to me, no points will be awarded for these documents even if the Customs & Immigration Service cannot prove they are not genuine.

I understand that:

1. it is an offence under the Immigration Ordinance to make a statement which I know to be or believe not to be true in order to obtain an immigration permit in respect of the Falkland Islands, and;
2. my application will be refused if I make such a statement, and;
3. if I use a false document, lie, or withhold relevant information my details may be passed to the Royal Falkland Islands Police or other law enforcement agencies and I may be liable to prosecution.

Customs & Immigration Service advice

I accept that any advice given to me by the Falkland Islands Customs & Immigration Service before lodging this application was intended to assist me and acting on that advice does not mean that my application for permanent residence will be approved.

Disclosure of information

I understand that the information I provide will be treated in confidence but it may be disclosed to other government services, foreign governments and other bodies to enable the Customs & Immigration Service or those bodies to perform their functions. I also understand that the information provided by me may, suitably anonymised, also be used for staff training purposes.

I also understand that the information provided by me or other information made available to the Customs & Immigration Service may be shared with any person included in my application (for example my partner) but only for the purpose of considering my application. I am aware that if there is any information I do not want you to disclose to them I will tell you by providing a letter with my supporting documentation. If such requests prevent you from making legitimate enquiries my application may be refused.

Applicant’s signature

Applicant’s full name

Date of signing

M

M

D

D

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| --- | --- | --- | --- |
| Y | Y | Y | Y |