



IMMIGRATION CAYMAN ISLANDS

APPLICATION FOR A CERTIFICATE OF DIRECT INVESTMENT

The completed application form should be sent to:
The Chief Immigration Officer, Department of Immigration, PO Box 1098, Grand Cayman KY1-1102, CAYMAN ISLANDS.
PLEASE DO NOT LEAVE ANY QUESTION BLANK. IF A QUESTION DOES NOT APPLY TO YOU, INSERT "NOT APPLICABLE" OR "N/A" IN THE SPACE PROVIDED.
Use separate sheet of paper if necessary. Retain a copy of all applications and attachments submitted to Immigration.

APPLICATION FORM CONTAINS 8 PAGES

Please choose one option:

Application for Approval in Principal of a Certificate of Direct Investment (RDP)

Application/Renewal for a Certificate of Direct Investment (RDI/RDR)

Do you currently hold an unexpired Approval in Principal Certificate of Direct Investment? Yes No

Date of Expiry _____

PERSONAL DETAILS

1. Surname (Last Name) _____ Maiden Name _____ Given Names (First Names) _____

2. Nationality _____ Country of Birth _____ Date of Birth _____ Male Female

3. Passport number _____ Date of Issue _____ Place of Issue _____ Date of Expiry _____

4. Address in the Cayman Islands (if already resident) _____

P.O. Box: _____ Telephone: _____ Email Address: _____

5. Present address (if different from above) _____

6. Marital Status Married Divorced Separated Widowed Single

Place and Date of Marriage (if any) _____

7. Please provide particulars of any dependant(s) whom you wish to accompany you in the Cayman Islands and whom you wish to include in this application

Name	Date of Birth D/M/Y	Nationality	Relationship
_____	_____	_____	_____
_____	_____	_____	_____



APPLICATION FOR A CERTIFICATE OF DIRECT INVESTMENT

PLEASE DO NOT LEAVE ANY QUESTION BLANK. IF A QUESTION DOES NOT APPLY TO YOU, INSERT "NOT APPLICABLE" OR "N/A" IN THE SPACE PROVIDED.
Use separate sheet of paper if necessary.

8. Please provide particulars of any dependant(s) not already listed at **Question 7**

Name	Date of Birth D/M/Y	Nationality	Relationship

9. Have you or any of your dependants ever been convicted of a criminal offence? Yes No

If yes, please provide details, including dates and sentence

10. What is your level of education?

- Less than High School/Secondary School
- High School/Secondary School
- Sixth Form
- Associate Degree
- Technical/Vocational
- Bachelor's Degree
- Post-Graduate Degree (Diploma, Master's, Ph.D.)
- Professional Qualification

11. What professional or technical qualifications do you have (certified copy of certification should be attached) - e.g CPA, CA, ACCA, ACIS, CFA, ACIB, AICB, MRICS, City & Guilds, NVQ etc.

12. (a). What experience, if any, do you have which is relevant to the investments that you plan to hold in the Cayman Islands?

(b). How much experience do you have which is relevant to the proposed investments?

- 3 years or less
- 4-5 yrs.
- 6-7 yrs.
- 8-10 yrs.
- 11-15 yrs.
- More than 15 years

13. Have you ever previously made an application (whether granted or not) to work in the Cayman Islands? Yes No

APPLICATION FOR A CERTIFICATE OF DIRECT INVESTMENT

PLEASE DO NOT LEAVE ANY QUESTION BLANK. IF A QUESTION DOES NOT APPLY TO YOU, INSERT "NOT APPLICABLE" OR "N/A" IN THE SPACE PROVIDED.
Use separate sheet of paper if necessary.

14. Have you ever been bankrupt or owned shares, equity or rights in a non-public quoted company or been a director, manager, or officer of a company, partnership or entity which went bankrupt or ceased trading without creditors being paid in full?

If you answered yes, please give details

FINANCIAL ASSESSMENT

15. (a) How much is your total net worth? CI\$ _____ (b) From where is this net worth derived? _____

16. Please provide details of your investments or proposed investments in the Islands:

(a) Nature of investment _____ (b) Investment Amount CI\$ _____

DECLARATION

I declare the information contained in this application to be correct to the best of my knowledge and belief and am aware that it is a criminal offence to make any statement or representation that is false in a material particular which I know to be false or do not believe to be true.

Signature of Applicant _____

Date _____

FOR OFFICIAL USE ONLY

Approved : Approval in Principal - Certificate of Direct Investment

Approved: Residency Certificate - Certificate of Direct Investment

Deferred Refused

Comments: _____

Chief Immigration Officer _____ Date (DD/MM/YY) _____



IMMIGRATION CAYMAN ISLANDS

CAYMAN ISLANDS IMMIGRATION DEPARTMENT GUIDELINES TO MEDICAL PRACTITIONERS

MEDICAL EXAMINATIONS FORM

1. Medical examinations are required with the initial work permit application. The Medical examinations are valid for three (3) years.
2. Laboratory tests have to be repeated with each medical examination. The Laboratory Reports are valid for six (6) months.
3. Chest X-rays are required with the initial work permit application. Chest Xrays are valid for five (5) years.
4. Laboratory Reports have to be attached for HIV and VDRL tests.
5. Medical practitioners are advised to perform any tests that might be desirable depending on the disease prevalence in the respective countries.
6. The Medical Examinations Form must be signed and stamped or sealed by Physician.
7. The Laboratory Report must be signed and stamped or sealed by Lab Technician or Physician.
8. Immigration reserves the right to require additional medical examinations at any time.

MEDICAL FORM CONTAINS 8 PAGES

PART 1 - QUESTIONNAIRE (to be completed by Applicant)

1. (a) Surname (Last Name) _____ Given Names (First Names) _____ Maiden Name _____
 (b) Nationality _____ (c) Country of Birth _____ (d) Date of Birth _____ (e) Passport number _____
 (f) Gender Male Female (g) Marital Status Married Divorced Separated Widowed Single

2. Have You Ever Had Or Currently Have

	Yes	No		Yes	No
(a) Nervous or mental trouble	<input type="checkbox"/>	<input type="checkbox"/>	(i) Eye trouble?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Fits or convulsions?	<input type="checkbox"/>	<input type="checkbox"/>	(j) Any serious operation?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Heart trouble or raised blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	(k) Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
(d) Lung tuberculosis, Asthma or hay fever?	<input type="checkbox"/>	<input type="checkbox"/>	(l) Rheumatic Fever?	<input type="checkbox"/>	<input type="checkbox"/>
(e) Contact with a case of tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>	(m) Family history of mental trouble, suicide, fits, any kind of tuberculosis, diabetes or raised blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
(f) Frequent or prolonged indigestion?	<input type="checkbox"/>	<input type="checkbox"/>	(n) Any illness or injury not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>
(g) Malaria, dysentery or any other tropical illness?	<input type="checkbox"/>	<input type="checkbox"/>	(o) A physical defect?	<input type="checkbox"/>	<input type="checkbox"/>
(h) A sexually transmitted disease?	<input type="checkbox"/>	<input type="checkbox"/>			

If you have answered Yes to any part of questions 2, explain _____

3. Do you consume alcohol? Yes No
 If Yes, how many alcoholic drinks do you typically consume in 1 week _____

4. Do you take habit forming drugs? Yes No
 If Yes, explain _____

5. Have you ever applied for or received disability benefits? Yes No
 If Yes, explain _____

6. Are you now in good health? Yes No If No, give details _____

7. Are you now pregnant? Yes No Not Applicable If Yes, how many months _____

Date _____ Signature of Applicant _____
 Date _____ Medical Examiner/Physician _____
 Original Signature Required _____



MEDICAL EXAMINATIONS FORM

PART 2 - MEDICAL EXAMINATION (to be completed by Medical Examiner)

1. Is the Examinee personally known to you? Yes No
If No, did you check ID? Yes No

2. Height feet in. Weight lbs. (in under clothes) Waist in.

Chest measurements on respiration in, on expiration in.

3. Blood pressure (two readings: at rest (sitting) lying down Pulse rate

4. Date and report of last E.C.G. if any

- 5. Are the following free from any pathological condition or abnormality; (a) Skin (b) Throat & Mouth (c) Eyes (d) Ears (e) Nose (f) Abdomen (g) Cardiovascular System (h) Respiratory System (i) Locomotor System (j) Nervous System (k) Genito-Urinary System

If No to any of the above questions, provide details

6. Is the examinee on any drug therapy at present? Yes No If Yes, give details

7. Give details of any operations

8. Medical conditions a) b) c) d)

Date of Examination Signature Medical Examiner



MEDICAL EXAMINATIONS FORM

PART 3 - XRAY AND LABORATORY INVESTIGATIONS (to be completed by Medical Examiner)

(a) Hospital Xray No. [] Date [] Result []

(b) Urine: Date [] Albumin [] Sugar []

(c) Blood Tests (attach laboratory reports)

Table with 3 columns: TESTS, DATE, RESULT. Rows include VDRL and HIV SCREEN.

(d) Other tests (depending on history and disease prevalence in the country of origin)

Table with 3 columns: TESTS, DATE, RESULT. Multiple empty rows for data entry.

Name and address of Medical Examiner

[]

Qualifications [] Medical Registration Number []

Address of Registering body []

Date of Examination [] Signature Medical Examiner []

FOR OFFICIAL USE ONLY

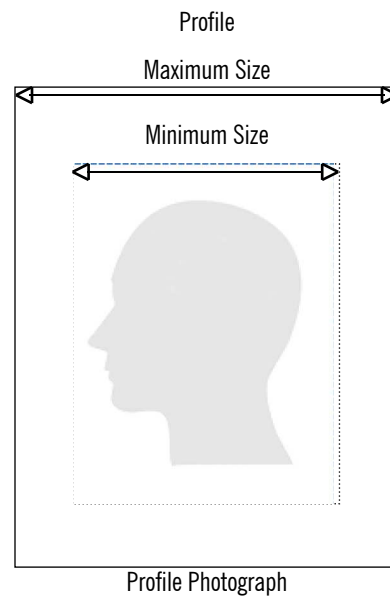
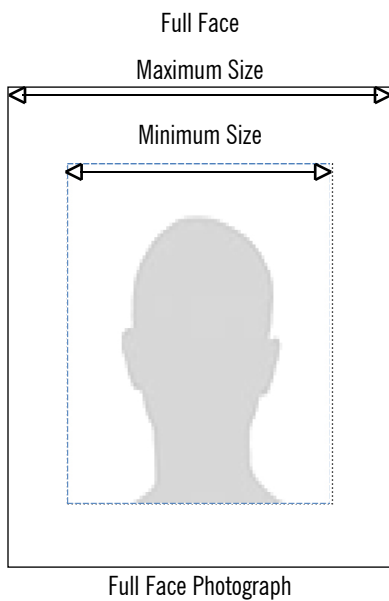
[]



IMMIGRATION CAYMAN ISLANDS

PHOTOGRAPH TEMPLATE

<input type="text"/>		<input type="text"/>		<input type="text"/>	
Surname (Last Names)		Given Names (First Names)		Maiden Name (if applicable)	
<input type="text"/>		(Also known as "Work Reference Number")			
File Number (if known)		<input type="text"/>			
Application Date		<input type="text" value="DD/MM/YY"/>		Date of Birth	
				<input type="text" value="DD/MM/YY"/>	



Do Not Use Staples!
Photographs may be taped or glued to the picture diagrams below.

Instructions:

- Print Last Name, First Name(s), and Date of Birth on the back of each photograph.
- The photograph must:
 - be a "passport type" photograph
 - be in colour
 - be taken within the past 12 months
 - show full face (shoulders and above)
 - have no head covering
 - have a plain white background
 - be between 45mm by 35mm (1.77 inches by 1.38 inches) and 63mm by 50mm (2.5 inches by 2 inches), see diagram below
 - be unmounted
 - be printed on normal photographic paper
 - if digital, have resolution of at least 800 dpi (dots per inch)
- Blurred photographs will not be accepted.
- Stick-on labels will not be accepted.

**CHIEF IMMIGRATION OFFICER - CERTIFICATE OF DIRECT INVESTMENT
AND APPROVAL IN PRINCIPAL CHECKLIST**

This list is a summary of general requirements for all applicants. The Chief Immigration Officer reserves the right to request additional information or documentation as he sees fit.

- Application form duly completed. **Please do not leave any question blank. If a question does not apply to you, insert "not applicable" or "n/a" in the space provided**
- Cover letter addressed to the Chief Immigration Officer with detailed summary of your application (original signature required)
- A non-refundable CI \$1,000 application fee. If approved, the issue fee for the Certificate is CI\$20,000, and if applicable CI \$1,000 for each approved dependant (see online guidelines)
- A certified/notarized copy of picture page of passport Evidence of adequate health insurance
- Original signed and sealed, Police Clearance Certificate, less than 6 months old, from last place of residence.
- 1 full face passport sized photograph **AND** 1 profile passport sized photograph.
- Original medical questionnaire, if applicable, as the **full** medical is only required every 3 years, including the original HIV/VDRL lab report (**HIV/VDRL is required every six months**).
- Required financial standing - \$1 million in an employment generating business (see online guidelines)
- List of Employees detailing name, nationality and date of birth Register of Directors
- Bank Reference Letters (local or overseas) Financial Statement Proof of annual income
- Three written references from persons (not related to applicant or spouse) who have known you for at least 2 years. The referees may be Caymanian or Non-Caymanian. Each reference must be in a sealed envelope, signed across the seal by the referee, with the name of the applicant on the outside.
- A notarized English translation of all documents where the originals are presented in a foreign language
- Copy of Trade & Business licence (if applicable) Where the Trade & Business licence has expired, a copy of the receipt of payment for renewal
- Where the company is licenced by another body other than the Trade & Business Licensing Board, proof of current license or copy of the receipt of payment for the renewal

Dependants

- 1 full face passport sized photograph of each dependant **AND** 1 profile passport sized photograph.
- Original medical questionnaire, if applicable, as the **full** medical is only required every 3 years, including the original HIV/VDRL lab report (**HIV/VDRL is required every six months**) for all dependants over the age of 18.
- Notarized/certified copies of Birth Certificates of all dependant children listed on the application.
- Original signed and sealed, Police Clearance Certificate, less than 6 months old, from last place of residence if over 18 years of age.
- Evidence of adequate health insurance A certified/notarized copy of your Marriage Certificate, if applicable