



# IMMIGRATION CAYMAN ISLANDS

## CAYMAN BRAC AND LITTLE CAYMAN IMMIGRATION BOARD

### APPLICATION FOR THE GRANT OF A WORK PERMIT

The completed application for a work permit should be sent to: The Secretary to the Cayman Brac and Little Cayman Immigration Board, Government Administration Building, PO Box 240, Cayman Brac KY2-2101 CAYMAN ISLANDS.  
Do not leave any question blank. If a question does not apply to you, insert "Not Applicable" or "N/A" in the space provided.

**NOTES:** (i) The Applicant must have a valid passport. (ii) This application is in two parts. The first part is to be completed by the employee and the second part by the employer or the self-employed. (iii) Refer to the checklist accompanying this form for additional documents required to process this application. (iv) Use separate sheet of paper, where necessary, to thoroughly answer each question.

APPLICATION FORM CONTAINS 11 PAGES

#### PART 1 - To Be Completed By the Prospective Employee

1. File Number (if known) BL  (Also known as "Work Reference Number")

2. Prospective Employee Name as it appears in valid Passport

Surname (Last Name) Maiden Name Given Names (First Names)

3. Nationality  Date of Birth  Gender Male  Female

4. Passport number  Date of Issue  Place of Issue  Date of Expiry

5. Any other Names known by  (iv) Personal Email Address

6. Address

District  PO Box and KY  Phone

7. Have you ever been married, divorced or separated? (certified copy of relevant legal document should be attached, where applicable)  Yes  No

Married : Date   Divorced : Date   Separated : Date

Name and nationality of spouse

8. Expiry date of present work permit

9. (i). What date did you first arrive in the Cayman Islands Date

(ii). What date did your first employment in the Cayman Islands begin Date

(iii). Was this employment authorised by (a)  A Work Permit  
(b)  A Government Contract  
(c)  Other form of Authorisation (for example, were you exempted from work permit requirements under the Immigration Law?), explain

(iv). Since your first arrival in the Cayman Islands have you ever been named as a dependant on another person's work permit/government contract/exemption?

Yes  No If Yes, provide name of permit holder



**Application For The Grant Of A Work Permit**

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Use separate sheet of paper if necessary.

(v). Since your first arrival have you at any time left the Cayman Islands for a period in excess of one year?  Yes  No

If Yes, provide dates of and reasons for the absence \_\_\_\_\_  
\_\_\_\_\_

10. Dates and addresses of all places where you have lived for more than 6 months during the past 10 years, if other than stated in reply to question 6.

| From     | To       | Address |
|----------|----------|---------|
| D/MMM/YY | D/MMM/YY |         |
| D/MMM/YY | D/MMM/YY |         |
| D/MMM/YY | D/MMM/YY |         |

11. What is your level of education? (Certified copies of certification must be attached)

- Less than High School/Secondary School
- Sixth form
- Technical/Vocational
- High School/Secondary School
- Associate Degree
- Bachelor's Degree
- Post-Graduate Degree (Diploma, Master's, Ph.D.)
- Professional Qualification (e.g CPA, CA, ACCA, ACIS, CFA, ACIB, AICB, MRICS, City & Guilds, NVQ etc.). List all that apply

12. What position are you applying for? \_\_\_\_\_

13. How many years and what experience do you have which is relevant to this job? \_\_\_\_\_  
\_\_\_\_\_

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

If Yes, provide details, dates, and state whether the applications were granted or refused. \_\_\_\_\_  
\_\_\_\_\_

(ii). Is this or any other decision presently under appeal to the Immigration Appeals Tribunal?  Yes  No

15. Are you of Caymanian descent or have close connections with the Cayman Islands, either historically, or by marriage to a Caymanian?  Yes  No

If Yes, provide details and include marriage and/or birth certificates.

| Name | Relationship | Address |
|------|--------------|---------|
|      |              |         |
|      |              |         |

16. Do you have dependants?  Yes  No If Yes, provide details.

| Name | Relationship | Address |
|------|--------------|---------|
|      |              |         |
|      |              |         |



# CAYMAN BRAC & LITTLE CAYMAN IMMIGRATION BOARD

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**IMMIGRATION**  
CAYMAN ISLANDS

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.

17. Do you have any relatives or dependants who currently reside/work in the Cayman Islands?  Yes  No If Yes, provide details.

| Name | Relationship | Address |
|------|--------------|---------|
|      |              |         |
|      |              |         |

18. Do you have any dependants (spouse, children or others) who you wish to accompany you to the Cayman Islands?  Yes  No If Yes, provide details.

| Name | Date of Birth | Nationality | Relationship | Country of Residence |
|------|---------------|-------------|--------------|----------------------|
|      | D/MMM/YY      |             |              |                      |
|      | D/MMM/YY      |             |              |                      |

19 (i). Have you ever been charged or convicted of a criminal offence in the Cayman Islands or any other country?  Yes  No If Yes, provide details for all offences.

| Nature of offence | Date     | Location | Verdict and Sentence |
|-------------------|----------|----------|----------------------|
|                   | D/MMM/YY |          |                      |
|                   | D/MMM/YY |          |                      |

(ii). Have you ever been required to pay an administrative fine for an offence in the Cayman Islands or other country, other than for a traffic offence?  Yes  No  
If Yes, provide details.

| Nature of fine | Date     | Location | Amount (CI\$) |
|----------------|----------|----------|---------------|
|                | D/MMM/YY |          |               |
|                | D/MMM/YY |          |               |

(iii). Have you ever been sanctioned by a professional ethics body, licensing board or any other regulating body?  Yes  No If Yes, provide details.

| Nature of sanction | Date     | Location | Reasons |
|--------------------|----------|----------|---------|
|                    | D/MMM/YY |          |         |
|                    | D/MMM/YY |          |         |

(iv). Have you ever been deported from or refused entry to:

- (a) the Cayman Islands  Yes  No If Yes, provide details
- (b) any other Country  Yes  No If Yes, provide details

20. 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?  Yes  No If Yes, provide dates and details in your cover letter.

21. Are you solvent? (Are you able to pay all debts/bills as they become due?)  Yes  No If No, explain

22. Have you ever been actively involved in politics in or outside the Cayman Islands?  Yes  No  
If Yes, give dates and details



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23. Have you ever had a permit to work refused, revoked or not renewed upon application in any country during the past 15 years?  Yes  No

If Yes, when, where and for what reasons?

24. Are you, and all dependants accompanying you, in good physical and mental health?  Yes  No

If No, provide details

**Important Note:** Applicants from a non-English speaking country must have their English language skills tested. The applicant must receive a passing mark on their assessment to take up employment in the Cayman Islands

25. Is English your native language?  Yes  No

If Yes, skip to question 26.

If No, what is your native language? and answer all other language related questions.

Do you speak English?  Yes  No

Do you read English?  Yes  No

Do you write English?  Yes  No

Are you currently on Island?  Yes  No

Have your English skills been previously tested by?

a) Cayman Islands Immigration  Yes  No

|   | Score/Band | Score Report No | Exam Date |                                    |
|---|------------|-----------------|-----------|------------------------------------|
| b) IELTS <input type="checkbox"/> Yes <input type="checkbox"/> No |            |                 | D/MMM/YY  | Attach a copy of your score report |
| c) TOEIC <input type="checkbox"/> Yes <input type="checkbox"/> No |            |                 | D/MMM/YY  | Attach a copy of your score report |

26. The name and address of my bank is:-

| Bank | Address |
|------|---------|
| 1.   |         |
| 2.   |         |

Prospective Employee Declaration

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

In accordance with The Immigration Law, its Revisions, and its Regulations, I hereby agree to submit to being Fingerprinted/Palm-printed for the purpose of identity verification and criminal checks domestically and internationally.

Print Employee Name

Signature of prospective worker

Date (dd/mmm/yyyy)



Application For The Grant Of A Work Permit

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NOTES: (i) The Applicant must have a valid passport. (ii) This application is in two parts. The first part is to be completed by the employee and the second part by the employer the self-employed. (iii) Refer to the checklist accompanying this form for additional documents required to process this application. (iv) Use separate sheet of paper, where necessary, to thoroughly answer each question.

PART 2 - To Be Completed By the Employer

1. Name of employer or employing company

Trade name (if different from above)

2. Date of Birth (if primary employer is a person)

3. Is Permit to be shared? Yes No If Yes, Name of additional employer

Phone of additional employer e-Mail of additional employer

Is additional employer a person? Yes No If Yes, provide Date of Birth

Provide Employer of additional personal employer, if any

4. Postal Address & KY

5. Phone (Work) Phone (Home) Email Address

6. Nature of business or occupation of employer

Name of your employer Employer's Address

7. State under which law business is licensed to operate

Expiry date of current licence Licence number

8. Position being filled (by prospective employee)

9. Has this job been advertised or referred to the National Workforce Development Agency (NWDA)? (copies of advertisements should be attached)

Yes No If No, why not?

10. If the job was advertised or referred to the NWDA, did any persons with Caymanian status or persons legally resident in the Cayman Islands apply?

Yes No If Yes, how many applied and why were none hired?

If Yes, provide NWDA Job ID No

11. How many people do you currently employ? Of those you employ, how many are Caymanian?

12. If you employ non-Caymanians, provide nationality and the number of persons (Use separate sheet if necessary)

Table with 4 columns: Nationality, Number of Persons, Nationality, Number of Persons. Contains 5 empty rows for data entry.



CAYMAN BRAC & LITTLE CAYMAN IMMIGRATION BOARD

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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.

13. Is this applicant replacing an employee? Yes [ ] No [ ] If Yes, provide name and nationality of person being replaced

14. Do you operate a training programme? [ ] Yes [ ] No If Yes, provide details of it with particular reference to how it will equip Caymanians with the skills and experience to do the job (use separate sheet of paper if necessary),

15. Do you offer a scholarship program? [ ] Yes [ ] No If Yes, provide details of your scholarship process and how it will be beneficial to Caymanians.

16. Why cannot a Caymanian be found from within your own work force to do the job?

17. (i). How much is the worker receiving in salary or wages?

(ii). What is the minimum number of hours the employee will be required to work? [ ] per day [ ] per week [ ] per month

(iii). What other benefits, (if any) does the worker receive?

18. (i) Is this prospective employee being recruited from a non-English speaking country? [ ] Yes [ ] No
If Yes, are you aware of the requirements of the English Skills Test which must be undertaken by the prospective employee upon arrival in the Cayman Islands?

(ii). Are you satisfied that the prospective employee has a basic understanding of the English language in both spoken and written form as required? [ ] Yes [ ] No

(iii). What steps have you taken to satisfy yourself that the prospective employee can speak and write the English language to the level required?

19. For what period is the permit required [ ] 1 year [ ] 2 years [ ] 3 years [ ] 4 years [ ] 5 years

(Under the Immigration Law, domestic helpers, teachers, doctors, nurses and ministers of religion may be granted a work permit for a period of up to 5 years.)

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 a statement or representation that is false in a material fact which I know to be false or do not believe to be true.

Print Primary Employer Name Signature of Employer Date (dd/mmm/yyyy)

Print Secondary Employer Name (if any) Signature of Secondary Employer (if applicable) Date (dd/mmm/yyyy)



**IMMIGRATION**  
CAYMAN ISLANDS

**WORK PERMIT PAYMENT LOG**

Employer

Employee

Occupation

Number of Accompanying Dependants:

WORK PERMIT FEE (for first year only) CI\$

ADMINISTRATION FILING FEE CI\$

DEPENDANT'S FEE (per dependant for first year only) CI\$

REPATRIATION FEE (Non-refundable one-time payment per person) CI\$

TOTAL FUNDS SUBMITTED CI\$

PAYMENT METHOD: CASH / CHEQUE

CHEQUE NUMBER



Health and Pension Supplement To Work Permit Application  
Questions relating to the Provision of Pension Benefits and Health Insurance

Supplement - To Be Completed By Employer and Attested To By The Employee

PENSION PLAN

1. Do you have a valid Pension Plan for this employee in accordance with the National Pensions Law and its current revisions?  Yes  No

If No, why not? \_\_\_\_\_

2. What is the name of the Company and Administrator of your registered Pension Plan?

Company \_\_\_\_\_ Telephone No \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Employee Pension No \_\_\_\_\_  
Registration No \_\_\_\_\_

3. Are your Company's Pension Plan contributions for this employee paid up to date?  Yes  No

If No, why not? \_\_\_\_\_  
\_\_\_\_\_

HEALTH INSURANCE

1. Do you have a valid Health Insurance Plan for this employee in accordance with the Health Insurance Law and its revisions and regulations thereunder?  Yes  No

If No, why not? \_\_\_\_\_

2. What is the name of the Company and Administrator of your registered Health Insurance Plan?

Company \_\_\_\_\_ Telephone No \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Employee Membership No \_\_\_\_\_  
Policy No \_\_\_\_\_

3. Are your health insurance premiums for this employee paid up to date?  Yes  No

If No, why not? \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER'S DECLARATION:

I declare that the information given above is correct and confirm that the employee for whom the work permit is being sought is or will become a member of the above Health Insurance Plan in accordance with the Health Insurance Law and is a member or will join the above Pensions Plan in accordance with the National Pensions Law

I understand making a false statement or representation knowing the same to be false in accordance with the Immigration Law, I am liable on conviction to a fine of CI \$5,000.00 and imprisonment of one year..

Name of Employer \_\_\_\_\_

Authorized signatory for and on behalf of Employer \_\_\_\_\_  
Original Signature of Employer Required!, not Agency Representative

Date (DD/MMM/YY)         D/MMM/YY        

EMPLOYEE'S DECLARATION:

I declare that the information given above is correct and confirm that the employer from which I seek employment has enrolled me in the Health Insurance Plan and has enrolled me in the above Pension Plan (unless exempted by Pensions Law).

I understand making a false statement or representation knowing the same to be false in accordance with the Immigration Law, I am liable on conviction to a fine of CI \$5,000.00 and imprisonment of one year.

Name of Employee \_\_\_\_\_

Signature \_\_\_\_\_  
Original Signature of Employee Required!, not Agency Representative

Date (DD/MMM/YY)         D/MMM/YY





IMMIGRATION  
CAYMAN ISLANDS

Accommodation Supplement

It is a Government requirement that suitable accommodation must be available for the employee and for any dependants. Accordingly, this form must be completed in full by the Employer, attested to by the Employee and Landlord/Rental Agent, and submitted along with the Work Permit Application Form.

1. Name of Employee \_\_\_\_\_

2. Name of Employer \_\_\_\_\_

3. Employee's Physical Address \_\_\_\_\_

District \_\_\_\_\_ PO Box and KY \_\_\_\_\_ Telephone \_\_\_\_\_

Block and Parcel No \_\_\_\_\_ - \_\_\_\_\_

4. Type of Building Dwelling House  Apartment  Hotel

5. How many rooms are available for the employee and his/her family?  
Bedrooms \_\_\_\_\_ Bathrooms \_\_\_\_\_ Living Rooms \_\_\_\_\_ Kitchens \_\_\_\_\_

6. Will any of these rooms be shared with other occupants of the dwelling? Yes  No  If Yes, give details - including number of other occupants and which rooms  
\_\_\_\_\_

7. This accommodation is Owned by the Employer  Owned by the Employee  Rented by the Employer  Rented by the Employee

8. If Rented, what is the period of lease? \_\_\_\_\_

9. If Rented, the name and address of the Landlord/Rental Agency is \_\_\_\_\_

(i) House No \_\_\_\_\_ (ii) Street Name \_\_\_\_\_

(iii) District \_\_\_\_\_ (iv) PO Box and KY \_\_\_\_\_ (v) Telephone \_\_\_\_\_

I understand that in considering this application it may be necessary for a representative of the Department of Immigration to examine the accommodation.  
I agree that a representative of the department may view the premises described above at any reasonable hour of the day.  
I further attest that, to the best of my knowledge and belief, the above details are true and correct.  
I declare that the information provided above by me is true and correct and I understand and accept that if it is proven that I have made a false statement, I am liable on conviction to a fine of CI \$5,000 and imprisonment for one year.

Print Primary Employer Name \_\_\_\_\_ Primary Employer Signature \_\_\_\_\_ Date (dd/mmm/yyyy) \_\_\_\_\_  
Original Signature required, may be Agency Signature if Agency authorised to sign by Employer

Print Employee Name \_\_\_\_\_ Employee Signature \_\_\_\_\_ Date (dd/mmm/yyyy) \_\_\_\_\_  
Original signature required, cannot be Agency signature

Print Owner/Landlord/Rental Agent Name (if any) \_\_\_\_\_ Owner/Landlord/Rental Agent (if private dwelling) \_\_\_\_\_ Date (dd/mmm/yyyy) \_\_\_\_\_  
Original Signature required

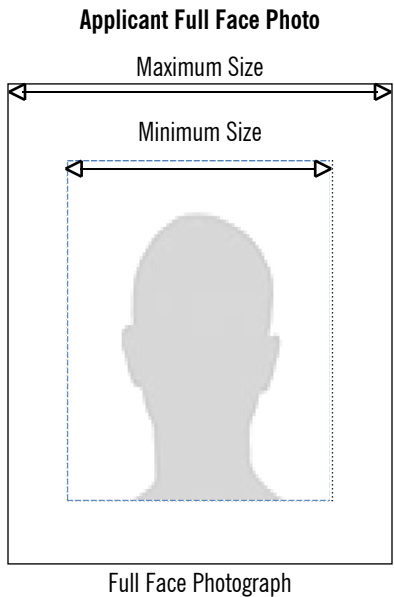


IMMIGRATION  
CAYMAN ISLANDS

PHOTOGRAPH TEMPLATE  
Applicants Only

|                        |   |                           |          |                             |          |
|------------------------|---|---------------------------|----------|-----------------------------|----------|
| Surname (Last Names)   |   | Given Names (First Names) |          | Maiden Name (if applicable) |          |
| File Number (if known) | (Also known as "Work Reference Number") | Application Date          | D/MMM/YY | Date of Birth               | D/MMM/YY |

For a work permit grant, work permit renewal, permanent residency or status - provide Full Face Photo.



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

**Instructions:**

- For Work Permit Grant, Work Permit Renewal, Permanent Residency and Cayman Status applications, provide Full Face Photo (1 photo).
- Print Last Name, First Name(s), and Date of Birth on the back of 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.

## CAYMAN BRAC AND LITTLE CAYMAN IMMIGRATION BOARD - WORK PERMIT GRANT CHECKLIST

This list is a summary of general requirements for ALL applicants. The Work Permit Board reserves the right to request additional information or documentation as it sees fit.

- Application forms** duly completed, signed and dated by employee and employer - original signatures required. **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** signed by Employer with detailed summary of why the work permit is required - original signature required.
- Correct **work permit fee**, including non-refundable CI\$100 application fee, dependant fee if applicable, and non-refundable CI\$200 repatriation fee for each person.
- A full page copy of two **newspaper advertisements** - run consecutively for 2 weeks, with visible dates, including salary range and all other benefits.
- Resume of all Caymanian applicants** including NWDA referrals explaining why they were not hired for the position.
- Certified copies of **educational certificate/diplomas/degrees**.  Copy of applicant's **Resume (where applicable)**.
- Original signed and sealed, **Police Clearance certificate** - less than 6 months old, from last place of residence.
- 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**).
- 1 full face passport sized **photograph**  **Cuban National - Certified copy of Cuban Visa**.
- Where the **Trade & Business Licence** has expired, a copy of the receipt of payment for the renewal from employer
- A **release letter** where the applicant is changing jobs prior to the expiry of their current work permit from employer. Where one is not forthcoming, a letter of explanation and any supporting documentation is required.
- Where the employer is licensed by another body other than the Trade & Business Licensing Board, proof of current license or copy of the receipt of payment for the renewal

### For Accompanying Dependants

- Child(ren)**: An original medical questionnaire (if over 18 years of age), a certified birth certificate, a letter from a private school confirming acceptance/attendance.
- Spouse**: An original medical questionnaire, a certified marriage license, original signed and sealed Police Clearance certificate - less than six months old, from last place of residence
- Section 52 (10) application (to coincide with spouse)**: An affidavit (see Immigration forms for sample) **AND** certified copy of marriage certificate

### ADDITIONAL REQUIREMENTS BY INDUSTRY

|  |  |
|--|--|
| <input type="checkbox"/> <b>Construction</b> : Copy of Immigration Form A (or a list of clients including addresses and telephone numbers) AND copies of signed contracts, from employer, redacted where appropriate | <input type="checkbox"/> <b>Janitorial or Gardening</b> : Copy of Immigration Form A (or a list of clients including addresses and telephone numbers)                |
| <input type="checkbox"/> <b>Professional/Managerial</b> : Certified copies of qualifications   | <input type="checkbox"/> <b>If regulated by CIMA</b> : Written approval for Senior Finance/Banking professional (e.g. Managing Director, CEO)                        |
| <input type="checkbox"/> <b>Nurse/ Health Practitioner</b> : Approval from Health Practitioner's Board   | <input type="checkbox"/> <b>Veterinary</b> : Approval from Veterinary Board  |
| <input type="checkbox"/> <b>Electrical</b> : Certified copy of license from Electrical Board of Examiners and the ratio of Electricians to apprentice/wiremen  | <input type="checkbox"/> <b>Driver</b> : Certified copy of license from the Public Transport Board for the appropriate category of vehicle                           |
| <input type="checkbox"/> <b>Diving</b> : Certified copy of PADI/NAVI qualifications  | <input type="checkbox"/> <b>Skilled/Supervisory</b> : Certified copies of qualifications and detailed list of skills   |
| <input type="checkbox"/> <b>Plumbing</b> : Certified copy of license from Water Authority  | <input type="checkbox"/> <b>Employment Agency</b> : Proof of past and future employment for the applicant  |
| <input type="checkbox"/> <b>Domestic, nanny or caretaker</b> : Certified copies of birth certificates of children to be cared for. Also read Guidance.   | <input type="checkbox"/> <b>Caretaker for the elderly or infirm</b> : A Physicians letter confirming the illness if under 65 years of age (proof of age is required) |
| <input type="checkbox"/> <b>Security Officer</b> : Copy of license from the Royal Cayman Islands Police (RCIP)   | <input type="checkbox"/> <b>Farming</b> : Certified copy of certification from the Department of Agriculture   |
| <input type="checkbox"/> <b>Entertainment</b> : Approval from the Music Association  |  |