



IMMIGRATION CAYMAN ISLANDS

APPLICATION FOR RESIDENCY AND EMPLOYMENT RIGHTS CERTIFICATE Dependant Of A Residency & Employment Rights Certificate Holder

The completed application should be sent to:
The Chief Immigration Officer / The Secretary, Caymanian Status & Permanent Residency Board,
PO Box 1098, Cayman Islands, KY1-1102
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 additional sheet of paper if necessary. Retain a copy of all applications and attachments provided to Immigration.

APPLICATION FORM CONTAINS 9 PAGES

PERSONAL DETAILS OF APPLICANT

1. Last Name Maiden Name First Name(s)

2. Nationality Date of Birth Gender Male Female

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

4. Marital status Single Married City & Country of marriage, if applicable Date of marriage, if applicable Divorced Widowed

Have you ever been divorced? Yes No Have you ever been widowed? Yes No

5. Are you the spouse of a Caymanian? Yes No If Yes, provide details in later sections.

6. Physical Address

PO Box & KY/Mailing address Telephone/Cell

Do you have an e-mail address? Yes No If Yes, provide personal e-mail address.

7. Occupation

Are you currently employed? Yes No

If yes, Name of Employer/Business

Physical Address

P.O. Box & KY/Mailing address: Telephone

8. 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



RESIDENCY & EMPLOYMENT RIGHTS CERTIFICATE - DEPENDANT OF A RERC HOLDER

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.

9. Dates and addresses of all full time attendance at educational establishments.

From	To	Address
D/MMM/YY	D/MMM/YY	
D/MMM/YY	D/MMM/YY	
D/MMM/YY	D/MMM/YY	

AGENT/REPRESENTATIVE DETAILS (if applicable)

10. Name of Agent/Representative _____

11. P.O. Box & KY/Mailing address _____

Physical address _____

12. Telephone/Cell _____ Fax No _____ Email Address _____

IMMIGRATION / WORK PERMIT HISTORY

13. What is your current immigration status?

a. Work Permit Holder Expiry date D/MMM/YY

b. Visitor (new to island) Expiry date D/MMM/YY

c. Dependant of a Permanent Resident Effective date D/MMM/YY

d. Other Explain _____

14. What is the full name of your parent on which you were allowed as a dependant on his/her permanent residence? _____

15. What is the effective date on which you were allowed as a permanent resident dependant? D/MMM/YY

16. Have you ever had a permit to work in the Cayman Islands? Yes No

17. Have you ever had an application for a work permit in the Cayman Islands refused, revoked or not renewed? Yes No

18. How long have you been legally and ordinarily resident in the Cayman Islands? _____ Years _____ Months

What date did you become legally and ordinarily resident in the Cayman Islands? D/MMM/YY

Note: "legal and ordinary residence" is defined in the Immigration Law as meaning "... a person's uninterrupted voluntary physical presence in the Islands for a period of time without legal impediment (other than a tourist visitor or transit passenger) during which period the Islands are regarded as his normal place of abode for the time being, save that (a) absences abroad of six consecutive months' duration or less for, inter alia, purposes of education, health, vacation or business during such period shall count as residence in the Islands; (b) absences abroad of more than six consecutive months but less than one year shall raise the presumption that there has been a break in residence; and (c) absences abroad for twelve consecutive months or more shall constitute a break in residence."

19. By what Immigration authority did you become legally and ordinarily resident (e.g., dependant on parent's work permit)?



RESIDENCY & EMPLOYMENT RIGHTS CERTIFICATE - DEPENDANT OF A RERC HOLDER

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.

CHARACTER / CRIMINAL HISTORY

20. Have you ever been charged or convicted in a court of law of a criminal offence in any country? Yes No If you answered yes, please provide details.

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

21. 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		

22. 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		

23. Provide the names of three personal references

Names of Referees	Phone	Address
1-		
2-		
3-		

24. Have you ever been actively involved in politics outside the Cayman Islands? Yes No If you answered yes, please provide details.

DEPENDANT DETAILS (if applicable)

25. Do you have any dependants? Yes No If Yes, provide details below.

Name	Date of Birth	Nationality	Relationship
Dependant 1	D/MMM/YY		
Dependant 2	D/MMM/YY		



RESIDENCY & EMPLOYMENT RIGHTS CERTIFICATE - DEPENDANT OF A RERC HOLDER

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.

26. Has your dependant(s) ever been charged or convicted in a court of law of a criminal offence in any country? Yes No If Yes, provide details.

Nature of offence	Date	Location	Verdict and Sentence
Dependant 1	D/MMM/YY		
Dependant 2	D/MMM/YY		

CAYMANIAN CONNECTIONS (Certified copies of corresponding documents must be attached)

27. Do you have any close Caymanian connections? Yes No If yes, please provide details below. Use separate sheet of paper if necessary.

Name	Date of Birth	Nationality	Relationship
Dependant 1	D/MMM/YY		
Address of Caymanian connection			

FINANCIAL DETAILS (Certified copies of corresponding documents must be attached)

28. Do you own any property in the Cayman Islands? Yes No If Yes, list details below.

Block	Parcel No.	Purchase Price (CI\$)

29. Do you have any investments in local businesses? If yes, please provide details below Yes No

Name of Business	Amount of Investment	% of shares owned

30. What is your total annual income? CI\$

31. What is the source of your annual income?

32. How do you intend to occupy yourself if you are granted permanent residency and employment rights?

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.

Signature (Applicant)
Original signature required
Agency signature not acceptable

D/MMM/YY
Date



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 9 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 _____ D/MMM/YY (e) Passport no _____

(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 (dd-mmm-yy) _____ D/MMM/YY Signature of Applicant _____ Original Signature Required _____

Date (dd-mmm-yy) _____ D/MMM/YY Medical Examiner/Physician _____



MEDICAL EXAMINATIONS FORM

IMMIGRATION CAYMAN ISLANDS CAYMAN ISLANDS IMMIGRATION DEPARTMENT GUIDELINES TO MEDICAL PRACTITIONERS

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 (dd-mmm-yy) Signature Medical Examiner



MEDICAL EXAMINATIONS FORM

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

(a) Hospital Xray No. [] Date [D/MMM/YY] Result []

(b) Urine: Date [D/MMM/YY] 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 (dd-mmm-yy) [D/MMM/YY] Signature Medical Examiner []

FOR OFFICIAL USE ONLY

[]

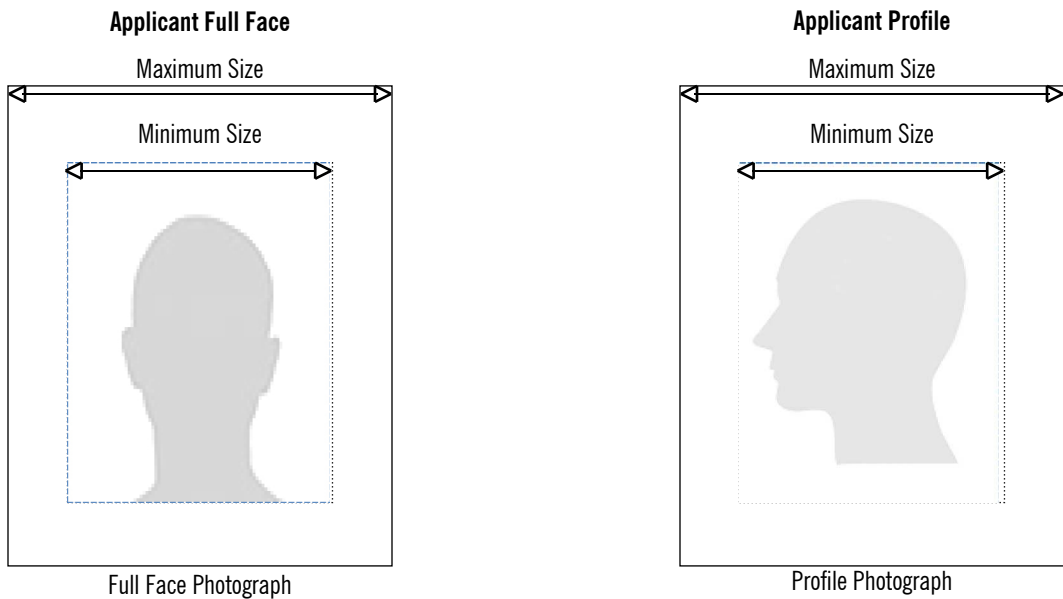


IMMIGRATION CAYMAN ISLANDS

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, permanent residency or status - provide Full Face and Profile photos.
For a work permit renewal - provide Full Face photo.**



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

Instructions:

- For Work Permit Grant, Permanent Residency and Cayman Status applications, provide Full Face and Profile photos (2 photos).
- For Work Permit Renewal applications, provide Full Face photo (1 photo).
- 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 OR CAYMANIAN STATUS & PERMANENT RESIDENCY BOARD
Residency and Employment Rights Certificate - Dependant of RERC Holder attaining the age of 18

This list is a summary of general requirements for ALL applicants. The CIO / CS&PR Board reserves the right to request additional information or documentation as it deemed necessary.

- Cover Letter**
Stating when applicant was allowed as a dependant, including any relevant information you wish the Board to know about yourself and what occupation you wish to be employed in, or, if you will be continuing your education as a full time student and do wish to employed at this time.
- Application Form**
One duly completed application form
- Fees** (CI\$300)
- Proof of Dependant Status**
Photocopy of parent's RERC naming you as an allowed dependant
- Proof of Legal and Ordinary Residence for Required Period**
Letters of attendance and enrollment from all schools attended in the seven (7) years Immediately prior to the application
- Applicant's Birth Certificate**
Certified copy of applicant's birth certificate
- Dependant Children**
Certified copies of birth certificates or adoption orders in respect of any dependant children under the age of eighteen.
- [Dependant Information Form](#) (R15)
To be fully completed and submitted together with copies of all necessary documents requested (i.e. lease agreement, utility bills etc.), if applicable
- DNA**
Male applicants who were **not** married to the birth mother at the time of the child's birth must obtain a DNA and submit the original results with the application. (DNA tests will be accepted from the Cayman Islands, the U.S.A. and the United Kingdom. Permission must be obtained from the Board prior to testing in any other jurisdiction)
- Proof of Legal Custody**
Male applicants wishing to add their children as dependants and who were **not** married to the birth mother must submit a Court Order from country of origin of the child granting legal custody. Male applicants who were married to birth mother at the time of child's birth must also submit proof of legal custody together with a certified copy of marriage certificate and subsequent divorce decree from mother. Copy of death certificate if applicable. A letter signed, or notarized and signed by the birth mother giving permission for child to reside with father is **not** acceptable.
- References**
Three written references from persons who have known you for at least 3 years together with proof of their identity. Each reference must be in a sealed envelope, signed across the seal by the referee, with the name of the applicant on the outside.
- [Original Medical Questionnaire](#) (no older than one year) (blood work no older than 6 months)
- Photographs** (1 full face and 1 profile with name and date of birth on back) -Applicant and any dependants
- Proof of Identity**
Certified copy of photo and information page of applicant and any dependants passports
- Employment Letter** (stating your position, length of employment and salary) For applicant and spouse. *If not employed - please state same in your cover letter.
- Bank References**
Applicant and spouse. If you do not have a bank account please state same in your cover letter.
- Police Clearance** (Valid for six (6) months only)

*All certificates and documents (i.e. birth, marriage, death, divorce, police clearance etc.) which are in a foreign language must be accompanied with an English translation. See online Guidelines for accepted translators.