



# IMMIGRATION CAYMAN ISLANDS

## PERMANENT RESIDENCE APPLICATION TO RESIDE PERMANENTLY IN THE CAYMAN ISLANDS (8+ YEARS)

The completed application should be sent to:  
The Chief Immigration Officer / The Secretary, Caymanian Status & Permanent Residency Board,  
PO Box 1098, Grand Cayman, 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 space provided.  
Use separate sheet of paper if necessary.

APPLICATION FORM CONTAINS 16 PAGES

### PERSONAL DETAILS OF APPLICANT

1a. Do you have more than 1 Nationality? Yes  No  If Yes, answer questions 1b, 3, 4 with information from your passport representing your primary Nationality.  
If No, answer questions 1b, 3, 4 with information from your sole passport.

1b. Name as it appears in Passport - Surname (Last Names) \_\_\_\_\_ Given Names (First Names) \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

2. Country of Birth \_\_\_\_\_ Date of Birth  Gender Male  Female

3. Nationality \_\_\_\_\_ Passport Number \_\_\_\_\_

4. Date of Issue  Place of Issue \_\_\_\_\_ Date of Expiry

5. Marital status Single  Married  If Single, have you ever been married? Yes  No  Date of marriage  Divorced  Widowed

If Married, or previously married provide, City & Country of Marriage \_\_\_\_\_

Have you ever been divorced? Yes  No  Have you ever been widowed? Yes  No  Are you the spouse of a Caymanian? Yes  No

6. Physical address (House No & Street Name) \_\_\_\_\_

District \_\_\_\_\_ PO Box & KY \_\_\_\_\_ Phone \_\_\_\_\_

7. Do you have E-Mail?  Yes  No If Yes, Email Address \_\_\_\_\_

8. Does your current or last work permit (if any) list more than 1 occupation? Yes  No  If Yes, list your primary Occupation. If No, list your sole occupation.

Primary/Sole Occupation \_\_\_\_\_

### AGENT/REPRESENTATIVE DETAILS (if applicable)

9. Is this application prepared or submitted by an agent or representative? Yes  No  If Yes, provide details.

Name of Agent/Representative \_\_\_\_\_

PO Box & KY \_\_\_\_\_ Physical address \_\_\_\_\_

Phone \_\_\_\_\_ Fax No \_\_\_\_\_ Email Address \_\_\_\_\_



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PERSONAL DETAILS OF APPLICANT (continued)

10. Are you currently employed full-time? Yes  No

10a. If Yes, Name of full-time Employer/Business \_\_\_\_\_

Physical Address \_\_\_\_\_ District \_\_\_\_\_

PO Box & KY \_\_\_\_\_ Phone \_\_\_\_\_

10b. If Yes, how many years of full-time experience do you have in this current occupation/profession? \_\_\_\_\_

11. Are you currently employed part-time? Yes  No  Occupation \_\_\_\_\_

11a. If Yes, Name of part-time Employer/Business \_\_\_\_\_

Physical Address \_\_\_\_\_ District \_\_\_\_\_

PO Box & KY \_\_\_\_\_ Phone \_\_\_\_\_ Number of hours per week at this job? \_\_\_\_\_

11b. If Yes, how many years of experience do you have in this part-time occupation/profession? \_\_\_\_\_

12. Is your spouse (if any) currently employed full-time? Yes  No  Occupation \_\_\_\_\_

12a. If Yes, Name of spouse's full-time Employer/Business \_\_\_\_\_

Physical Address \_\_\_\_\_ District \_\_\_\_\_

PO Box & KY \_\_\_\_\_ Phone \_\_\_\_\_

13. Is your spouse (if any) currently employed part-time? Yes  No  Occupation \_\_\_\_\_

13a. If Yes, Name of part-time Employer/Business \_\_\_\_\_

Physical Address \_\_\_\_\_ District \_\_\_\_\_

PO Box & KY \_\_\_\_\_ Phone \_\_\_\_\_ Number of hours per week at this job? \_\_\_\_\_

ACADEMIC, TECHNICAL, and VOCATIONAL INFORMATION ("education/training points" are awarded for education/training which pertains to your sole/primary occupation)

14. What is your highest level of education as your education pertains to your Sole/Primary Occupation listed in Question 8? (provide proof with certified attachments, see checklist)

- Post-Graduate Degree / Professional Qualification  Bachelor's Degree  Associate Degree  High School/Secondary Diploma or Equivalent

15. What is your highest level of Technical / Vocational Qualification or Accreditation as your training and accreditation pertain to your Sole /Primary Occupation listed in Question 8? (provide proof with certified attachments, see checklist)

- Post-Graduate Degree / Professional Qualification  Bachelor's Degree  Associate Degree  High School/Secondary Diploma or Equivalent
- Local Licence from relevant Regulatory Body  Vocational Certificate (greater than 1 year study)  Vocational Certificate (1 year or less study)

16. Provide Degree Titles & Professional Qualification Titles & Certificate Names (if any). \_\_\_\_\_

\_\_\_\_\_



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17. Provide details of any specialism or specialist skills you possess within your profession. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. List in **left column** Certificates or Qualifications from coursework of more than 1 year. 19. List in **right column** Certificates or Qualifications from coursework of 1 year or less.

### PERSONAL DETAILS OF SPOUSE (if applicable)

20. Spouse Name - Surname (Last Names) \_\_\_\_\_ Given Names (First Names) \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

21. Country of Birth \_\_\_\_\_ Date of Birth     D/MMM/YY     Gender Male  Female

22. Phone \_\_\_\_\_ Email Address \_\_\_\_\_

23. Does your spouse reside in the Cayman Islands? Yes  No  If Yes, what is your spouse's immigration status?

Caymanian  Work Permit Holder  Work Permit dependant  Visitor  Other  If Other, explain \_\_\_\_\_  
\_\_\_\_\_

24. Is your spouse a Work Permit Holder or otherwise legally employed? Yes  No  If Yes, complete following

Name of Employer/Business \_\_\_\_\_ PO Box & KY \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### IMMIGRATION / WORK PERMIT HISTORY

25. What is your current Immigration Status? a-Work Permit Holder  Expiry date     D/MMM/YY     b-Visitor   
c-Dependant of a Work Permit Holder  Effective date     D/MMM/YY     d-Spouse of a Permanent Resident  Effective Date     D/MMM/YY      
e-Other  If Other, explain \_\_\_\_\_

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

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

28. When does your current permission to remain in the Cayman Islands expire?     D/MMM/YY    

29. 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."



**IMMIGRATION**  
CAYMAN ISLANDS

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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(s) of paper if necessary.

30. Have you previously applied for a Residency & Employment Rights Certificate (RERC)? Yes  No  If Yes, provide date of application & details

31. Have you previously applied for this type of RERC? Yes  No  If Yes, provide date of Grant and/or date of application and other details?

How was your previous RERC lost or cancelled? Application refused  Revocation

Provide details

### SALARY INFORMATION (yours, and your spouse's (if any))

32. Provide additional Employment details for yourself, and your spouse (if any). Use additional sheet(s) of paper if necessary.

Employer	Occupation	Self or Spouse?	Full Time?	Pension?	Health Coverage?
<input type="text"/>	<input type="text"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Self <input type="checkbox"/> Spouse <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

### PENSION INFORMATION

33. Provide information for your on-Island pension plan(s). Provide certified copy of your latest statement(s). If you have more than one pension plan, list primary & attach latest statements from all.

Pension Plan Name (sole or primary)	Date of Enrollment	Account Number	Balance
<input type="text"/>	<input type="text" value="D/MMM/YY"/>	<input type="text"/>	<input type="text"/>

Are Contributions Current? Yes  No  If No, explain

### CHARACTER / CRIMINAL HISTORY

34. Have you 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
<input type="text"/>	<input type="text" value="D/MMM/YY"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="D/MMM/YY"/>	<input type="text"/>	<input type="text"/>

35. Has an administrative fine ever been levied against you for an offence in the Cayman Islands or other country, other than for a traffic offence? Yes  No

If Yes, provide details

Nature of Breach	Date	Location	Fine Levied (CI\$)
<input type="text"/>	<input type="text" value="D/MMM/YY"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="D/MMM/YY"/>	<input type="text"/>	<input type="text"/>



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36. Have you ever been sanctioned by a professional ethics body, licensing board or any other regulatory body? Yes  No

If Yes, provide details

Nature of Sanction	Date	Location	Reasons
	D/MMM/YY		
	D/MMM/YY		

### DEPENDANT DETAILS (if applicable - you will provide summary information in a following section)

37. Do you have any non-Caymanian dependants whom you wish to accompany you? Yes  No

If Yes, you must complete and submit [Form R15 - Dependant Information Form](#) and submit with this form

38. Do you have any non-Caymanian dependants that are not accompanying you? Yes  No  If Yes, provide details below

Name of Non-Accompanying Non-Caymanians (Last Name, First Name)	Date of Birth	Nationality	Relationship
	D/MMM/YY		
	D/MMM/YY		

### FINANCIAL DETAILS (Certified copies of corresponding documents must be attached - Note: you will need to sign a waiver permitting Immigration to seek information from other Government departments.)

39. Have you or your spouse ever **applied for** any assistance (financial or otherwise) from the Department of Children and Family Services or any other Government Department or Agency? If Yes, clearly detail circumstances. Use separate sheet of paper if necessary. Yes  No

40. Have you or your spouse ever **applied for and received** any assistance (financial or otherwise) from the Department of Children and Family Services or any other Government Department or Agency? If Yes, clearly detail circumstances, type and duration of assistance. Use separate sheet of paper if necessary. Yes  No

41. What is your total annual income from overseas investments, (e.g., income from business ownership, property rental, etc)? US\$ \_\_\_\_\_

42. Documented Income and Income from Employment. See notes below.

	Applicant	Spouse, if applicable
12 Month Income (CI\$)	_____	12 Month Income (CI\$) _____ (For most recent 12 Months <sup>b</sup> )
5 Years Income (CI\$)	_____	5 Years Income (CI\$) _____ (For most recently completed 5 Calendar Years <sup>c</sup> )
Annual Income from Employment (CI\$)	_____	Annual Income from Employment (CI\$) _____ (For most recently completed Calendar Year <sup>d</sup> )

Notes:

a-Immigration Regulation Factor 3 defines Income to include salary, commissions, gratuities, investment income and any other form of demonstrated income to the extent that proof of such income can be shown.

Immigration Regulation Factor 4 clarifies Gross Annual Income from employment includes all employment related monetary income earned annually by the applicant and includes basic salary, bonus, commission, allowances, etc. to the extent that documentary evidence is produced to show income.

b-"12 Month Income" is the documented income for the 12 months prior to making the application.

c-"5 Year Income" is the documented income for the 5 most recently completed calendar years.

d-"Annual Income" is the documented income for the most recent completed calendar year.

e-Income from Employment must be documented by Employer, e.g., Pay Slips, Employment Letter.

f-Investment Income must be documented, e.g., bank statements, brokerage statements, rental payments, sales contracts.



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43. Are you solvent (are you able to pay all your debts as they become due)? Yes  No  If No, explain \_\_\_\_\_

44. Is every business, (on Island or off) in which have you partial or full ownership, solvent? Yes  No  If No, explain \_\_\_\_\_

**PROPERTY and INVESTMENT DETAILS** (Use additional page if necessary, Certified copies of corresponding documents must be attached)

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

Block	Parcel No	District	Mortgagee (Person or Lending Institution if any)	% Ownership	Purpose, e.g., Primary Residence, Income, Investment
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If any property above is owned jointly with your spouse (if any), you may claim 100% Ownership.

46. Do you have a current investment in a locally licensed company which is solvent at this time? Yes  No

If Yes, list details below. Include any business(es) licenced by T&B and include any business(es) licenced by laws other than the Trade and Business Licensing Law.  
Use separate sheet(s) of paper if necessary.

Company Name	T&B License No (if any)	Physical Location / Address	Initial Investment Amount (\$)	% of Shares Owned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

47. Were any of the funds used in any of the above investments borrowed or gifted? Yes  No

If Yes, list details below, use separate sheet(s) of paper if necessary.

Lender or Gifted From	Amount	Source of Funds	Terms	Repayment Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

47b. Are there any other Property or Investment related Liabilities? Yes  No

If Yes, list details on separate sheet(s) of paper. Include documentation.



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### OTHER FINANCIAL DETAILS & DEPENDANT SUMMARY (Certified copies of corresponding documents must be attached)

48. Documented Cash and Savings held locally (CI\$)  Locally held US\$ may be reported, convert to CI\$ at .82

49. Provide summary information for your Dependants  Number of

Accompanying non-Caymanian School Age Dependant Children

Accompanying non-Caymanian non-School Age Dependant Children

Non-Accompanying non-Caymanian Dependant Children

Note: In assessing an Applicant's gross annual income from employment, the gross annual income of employment of his spouse will only be taken into account if there is at least one dependent child.

### COMMUNITY INVOLVEMENT

You must provide proof of community involvement. Provide information of your involvement in community activities, drug abuse prevention programmes, rehabilitation of offenders, or training and mentoring of Caymanians, participation in sports, arts, religious, social, service, and/or other non-profit charitable or voluntary clubs or organisations. All letters provided should state the number of hours volunteered. The proof of involvement letters, for each organisation claimed, should be on that organisation's official letterhead and be signed by the Director or other executive member of that organisation. See the Guidance Notes which fully detail the necessary requirements.

50. Use this column to enumerate	Number of Years in each topic	Number of Hours per Year
a) Training and mentoring of Caymanians outside of normal work hours or related employer sponsored activities	<input type="text"/>	<input type="text"/>
b) Personal sponsorship towards a Caymanian's tertiary training, with a minimum of \$3,500 per annum	<input type="text"/>	<input type="text"/>
c) Actively assist in the rehabilitation and mentoring of offenders	<input type="text"/>	<input type="text"/>
<b>Total 50</b>	<input type="text"/>	<input type="text"/>

51 . Use this column to enumerate	Number of Years in each topic	Number of Hours per Year
a) Participation and assistance in a youth programme	<input type="text"/>	<input type="text"/>
b) Training and mentoring of Caymanians within normal work related / sponsored activities	<input type="text"/>	<input type="text"/>
c) Participation and assistance in a sports programme	<input type="text"/>	<input type="text"/>
d) Participation and assistance in an arts programme	<input type="text"/>	<input type="text"/>
e) Participation and assistance in a local service club activities	<input type="text"/>	<input type="text"/>
f) Participation and assistance in a local church programme activities	<input type="text"/>	<input type="text"/>
g) Personal donations to community minded activities of a minimum of \$2,000 per annum	<input type="text"/>	<input type="text"/>
h) Volunteering for non-profit, charitable or voluntary organisations	<input type="text"/>	<input type="text"/>
<b>Total 51</b>	<input type="text"/>	<input type="text"/>

52. For each entry above, provide details of Community Involvement (use separate sheet if necessary)

Organisation	No. Years Experience	Your Role
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



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### CAYMANIAN CONNECTION (Provide information concerning your Caymanian Connection(s) (if any))

Note: You must provide proof of relationship **and** proof the listed Connection indeed possesses Caymanian status. That is, you must provide a certified copy of both your and the Connection's birth certificates and a certified copy of the Connection's Caymanian Status Certificate or Acknowledgement Letter.

53. Are you the Parent of a Caymanian? Yes  No  If Yes, provide details below. Use separate sheet(s) of paper if necessary.

53a. Your Caymanian child's name ("Child-1")	Date of Birth	Gender	Relationship
<input type="text"/>	<input type="text"/> D/MMM/YY	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>

Name of Child-1's Caymanian Parent	Date of Birth
<input type="text"/>	<input type="text"/> D/MMM/YY
House & Street Name	Phone
<input type="text"/>	<input type="text"/>

Where and with whom does Child-1 currently reside?

Name of Guardian	Relationship of Guardian to Child-1	Full Address (Street Address & Country)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	PO Box & KY (if in Cayman Islands)	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

53b. Your Caymanian child's name ("Child-2")	Date of Birth	Gender	Relationship
<input type="text"/>	<input type="text"/> D/MMM/YY	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>

Name of Child-2's Caymanian Parent	Date of Birth
<input type="text"/>	<input type="text"/> D/MMM/YY
House & Street Name	Phone
<input type="text"/>	<input type="text"/>

Where and with whom does Child-2 currently reside?

Name of Guardian	Relationship of Guardian to Child-2	Full Address (Street Address & Country)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	PO Box & KY (if in Cayman Islands)	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

54. Are you a Child of a Caymanian? Yes  No  If Yes, please provide details below.

<input type="checkbox"/> Full name of your Caymanian Mother	<input type="text"/>	Date of Birth	<input type="text"/> D/MMM/YY
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<input type="checkbox"/> Full name of your Caymanian Father	<input type="text"/>	Date of Birth	<input type="text"/> D/MMM/YY
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55. Are you the Grandparent of a Caymanian? Yes  No  If Yes, please provide details below.

<input type="checkbox"/> Full name of your Caymanian Grandchild (if any)	<input type="text"/>	Date of Birth	<input type="text"/> D/MMM/YY
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<input type="checkbox"/> Full name of your Caymanian Grandchild (if any)	<input type="text"/>	Date of Birth	<input type="text"/> D/MMM/YY
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56. Are you the Brother or Sister of a Caymanian? Yes  No  If Yes, please provide details below.

<input type="checkbox"/> Full name of one Caymanian Brother or Sister (if any)	<input type="text"/>	DOB	<input type="text"/> D/MMM/YY	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
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CAYMAN ISLANDS

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**NEED ASSESSMENT UNIT WAIVER**

I give my full consent to the Department of Immigration to enable them to access my information from the Department of Children and Family Services, Needs Assessment Unit and any other Government Agency or Department. I give my full consent to access information relevant to my/or my family's case history and circumstances. Information can be requested and shared verbally and written which includes e-mail communication.

Signature (Applicant) \_\_\_\_\_ Date \_\_\_\_\_

\*Agency or representative signature not acceptable

**DECLARATION**

Warning: It is an offence under the current Immigration Law for any person to make, cause or allow to be made any return, statement or representation which is false in a material particular and which he knows to be false or which he does not believe to be true. A person found guilty of this offence is liable on summary conviction in respect of a first offence, to a fine of \$5,000.00 and to imprisonment for one year or, in respect of a second or subsequent offence, to a fine of ten thousand dollars and to imprisonment for two years.

By making an application for a Residency & Employment Rights Certificate, you agree to cooperate with the Cayman Status and Permanent Residency Board ("the Board"), or those with delegated authority from the Chief Immigration Officer (CIO), by providing such information or documents as they may reasonably request in connection with your application.

If the CIO/Board has reasonable grounds to believe that any fact stated in any application for a Residency & Employment Rights Certificate (including any affidavit sworn in support of such application) is false in a material particular, the CIO/Board or its duly appointed agents may conduct a full investigation in such manner as it deems fit.

I understand that if any of my circumstances, listed here on this application, change after submission of this application, I am obligated to inform the Board/CIO immediately of the changes.

I understand that it is an offence to not include all of my dependants whether they are accompanying me on Island, or not.

Signature (Applicant) \_\_\_\_\_ Date \_\_\_\_\_

\*Agency or representative signature not acceptable



# 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 16 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; Yes No
(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

[ ]



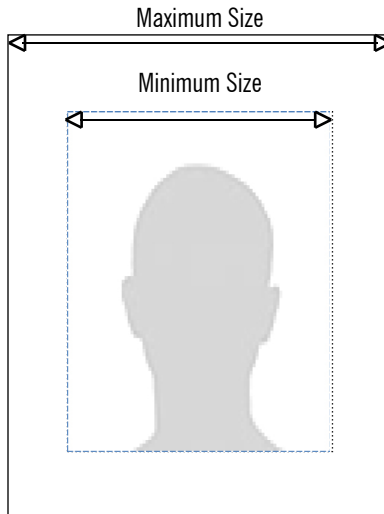
IMMIGRATION  
CAYMAN ISLANDS

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, work permit renewal, permanent residency or status - provide Full Face Photo.**

**Applicant Full Face Photo**



Full Face Photograph

***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.

**CHIEF IMMIGRATION OFFICER OR CAYMAN STATUS & PERMANENT RESIDENCY BOARD**  
**Application to reside permanently in the Cayman Islands (8+ years) Section 30**

This list is a summary of general requirements for all applicants.  
The CIO and Cayman Status & Permanent Residency Board reserve the right to request additional information or documentation as it deems necessary.  
You are encouraged to use the [Points System Ready Reckoner](#) to model your Permanent Residency application.

**Please see the online Guidance Notes for detailed instructions**

**Cover Letter**

A letter should be addressed to the “CIO/Secretary, CS&PR” clearly stating your reason(s) for becoming a Permanent Resident. The letter must include the occupation(s) in which you wish to be employed (if you wish to be employed in multiple occupations, clearly state your primary occupation), examples of your involvement in and contribution to the local community, and provide any other information that you consider supports your application.

**Application Form**

One duly completed original application form

**Fees**

Due upon submission of the application: Application fee (CI\$1,000) + issue fee + first year's annual fee for occupation attracting work permit fee + dependent(s) fee.

**Applicant's Birth Certificate**

Certified copy of Applicant's birth certificate (accompanied by English translation as necessary\*)

**Proof of Contribution to Community (if applicable)**

You must provide proof of Community Service which must be evidenced by way of a letter from the head of the organisation or an executive member of the organisation board *on their letterhead*, or from the Caymanian being mentored, confirming:

(a) the nature of participation or contribution (financial, physical, personal or other - if other, letter to describe participation/contribution),

(b) time period covered (i.e., the number of weeks, months, or years) during which such participation/contribution occurred

(c) actual participation time (i.e., number of hours per year)

(d) monetary amount or donation.

In the case of sponsorship of a Caymanian - the letter should be accompanied by a certified copy of the Caymanian's passport ID page or other valid form of identification together with proof that he/she is a Caymanian together with proof of enrolment and course details from the tertiary institution during the relevant period along with your receipt of payments.

Points are awarded based on thresholds defined in the Regulations and in the R-30 Guidance Notes.

**Original Medical Questionnaire**

Medical Exam no older than three year; laboratory blood work no older than 6 months

Applicant (and spouse if applicable). See online Guidance Note for more information.

**Photograph**

1 full face passport photo with name and date of birth on back

Provide photos for Applicant, and accompanying dependants, if any, including spouse.

**Proof of Identity - Nationality/Passport**

Certified copy of passport photo and information page for Applicant, and accompanying dependants, if any, including spouse

If you possess multiple Nationalities and multiple passports, provide the passport of which you consider your primary Nationality.

**Evidence of Marital Status**

Certified copies of marriage and/or death certificate & divorce decree(s) where applicable if Applicant and/or spouse was married before

**Police Clearance**

Required for Applicant, and dependants if any and if applicable. Police Clearances are only valid for 6 months.

- Dependants Birth Certificates**  
Certified copy of spouse and any accompanying dependant's birth certificates.
- 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 (e.g., lease agreement, utility bills)
- Caymanian Connection**  
Certified copy of Relation's birth certificate showing relation to Applicant and proof that such person is Caymanian. See online Guidance Notes for definition of "Caymanian".
- Resume**  
Provide your most current Resume or CV.
- Education / Professional Qualifications**  
If you have multiple Occupations, provide the highest academic degree(s), licence(s) and/or professional qualification(s) which pertain to your primary Occupation. If you have multiple academic degrees, licences and/or professional qualifications, provide certified copies of all relevant documentation. See online Guidance Notes for additional information.
- Exemption Letter (if applicable)**  
Cuban nationals who were issued the relevant exemption by the Governor must provide a certified copy of same.

#### **Additional Requirements for Male Applicants Wishing to Add Dependants**

- Proof of Legal Custody**  
Male Applicants wishing to add their child as dependant 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, and/or copy of death certificate, if applicable. A letter signed, or notarised and signed, by the birth mother giving permission for the child to reside with the father, may be included in the application, but is not acceptable proof of legal custody.
- Affidavit/Letter of Support**  
If your Caymanian Connection is your child and Applicant is a male, then a letter of support or affidavit must be submitted from the Caymanian mother advising of regular emotional and financial support of child by Applicant. If such letter cannot be obtained from child's mother then Applicant must provide proof of regular financial support of child. Affidavit to be completed and signed by Caymanian parent in the presence of a JP or Notary Public. Proof of identity, e.g., copy of passport ID page, must accompany either letter or affidavit. In either case, contact details of mother must be provided.
- DNA**  
Male Applicants who were not married to the birth mother at the time of the child's birth must conduct a DNA test and submit the original results with the application. DNA tests will be accepted from the Cayman Islands, the USA and the United Kingdom. Permission must be obtained from the Board prior to testing in any other jurisdiction.
- Marriage Certificate**  
Male Applicants who were married to the birth mother at the time of the child's birth must provide a certified copy of the marriage certificate together with proof the mother is Caymanian.

#### **Financial Information**

- Bank References**  
You must submit a reference letter from your Bank(s) or Financial Institution(s) showing the current balances of all of your local accounts. It is a goal of the Regulations for you to document the annual average balance for a minimum of 5 years. If you are not able to provide this information, the Regulations provides an alternative computation. See Guidance Notes for more information.

### Financial Information (continued)

**Employment Letter**

A letter from your employer is required. This letter, on company letterhead, will state how long you have been employed, your primary occupation, and your weekly, monthly, or annual salary. The letter must also state your Income from Employment (including basic salary, bonus, commission, allowances, etc.), for the most recent 12 months, the most recently completed calendar year, and the most recently completed past 5 calendar years. If you have not worked with your current employer for the past 5 years, you must secure additional employment letters to evidence the 5 year total.

If your application includes an accompanying spouse, and if your spouse is employed, your spouse's employer must provide the same information as stated above.

If you have more than one employer, supply a letter from each employer.

If not employed, state this in your cover letter.

**Evidence of Property(s) Ownership**

Provide date stamped copy of Transfer of Land and Register of Land (not dated older than 3 months of date of submission of application). Provide a Facility or commitment letter from your Bank, Lender, or Lending Institution setting out the details, terms and conditions, loan amount, payment schedule, etc., in respect of any mortgaged property being declared on your application. In the event the property is mortgage-free provide proof of same and source of funds.

Notes:

1-Contracts, Purchase Agreements, Promissory Notes, etc., between a buyer and seller are not acceptable and will not be taken into account as evidence of property ownership.

2-Where an investment is owned jointly between spouses, points will be awarded based on the full investment amount rather than on the percentage of ownership of each spouse. The combined income of both spouses will also be used in the calculation.

3-Where an investment is owned by an applicant and another party who is not his spouse, points will be awarded only for the percentage of the investment held in the Applicant's name.

4-Where spouses apply individually for the grant of permanent residence and they receive points based on the full investment amount (rather than the percentage held in their name) and permanent residence is granted, each spouse will be required to maintain the full value of the investment.

**Proof of Local Investment(s)**

a) Proof of shareholding(s): Provide copy of Register of Members (Shareholders) and copy of your share certificate(s) (if any).

b) Proof of investment of/in shares, e.g., copy of signed relevant shareholders agreement(s) and stating your financial investment contribution to the business. Provide a copy of your cancelled cheque or bank statement (either your bank debiting or the company bank account crediting) evidencing your payment of such investment, unaudited financial statement, statement of assets, etc.

c) Certificate of Incorporation and/or Trade & Business Licence and information on nature of business.

**Income and Salary Notes**

a-Income includes salary, commissions, gratuities, investment income and any other form of demonstrated income to the extent that proof of such income can be shown.

b-12 Month Income is the documented income for the 12 months prior to making the application.

c-Annual Income from Employment includes all employment related monetary income earned annually by the applicant and includes basic salary, bonus, commission, allowances, etc., to the extent that documentary evidence is produced to show income.

d-Annual Income is the documented income for the most recent completed calendar year.

e-Income and Income from Employment must be documented.

f-In assessing an Applicant's gross annual income from employment, the gross annual income of employment of his spouse will only be taken into account if there is at least one dependent child.

\* All certificates and documents (e.g., birth, marriage, death, divorce, police clearance) which are in a foreign language must be accompanied with an English translation from an approved translator.