



IMMIGRATION CAYMAN ISLANDS

BUSINESS STAFFING PLAN BOARD

Application For The Renewal Of A Work Permit

The completed application for a work permit should be sent to:

The Secretary to the Business Staffing Plan Board, P.O 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.

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 9 PAGES

PART 1 - To Be Completed by Employee

<input type="text"/>			<input type="text"/>			<input type="text"/>		
1. Surname (Last Name)	Maiden Name	Given Names (First Names)						
2. Nationality	<input type="text"/>	Date of Birth	<input type="text" value="DD/MM/YY"/>	Gender: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
3. Passport number	<input type="text"/>	Date of Issue	<input type="text" value="DD/MM/YY"/>	Place of Issue	<input type="text"/>	Date of Expiry	<input type="text" value="DD/MM/YY"/>	
4. Any other names known by	<input type="text"/>			Personal Email Address:	<input type="text"/>			
5. Address:	<input type="text"/>							
District:	<input type="text"/>	P.O. Box and KY:	<input type="text"/>		Telephone:	<input type="text"/>		
6. What is your marital status? (certified copy of relevant legal document should be attached, where applicable)								
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated					
Name of spouse	<input type="text"/>			Nationality of spouse	<input type="text"/>			
7. Date of expiry of present work permit	<input type="text"/>							
8. Job title of position being renewed:	<input type="text"/>							

SINCE YOUR PREVIOUS APPLICATION:

9. Have you married, divorced or separated? (certified copy of relevant legal document must be attached) Yes No

Married : Date Divorced : Date Separated : Date

10. Have you obtained any professional or technical qualifications (certified copy must be attached)? Yes No

If yes, please list all:



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11. Have you been charged or convicted of any criminal offence, in any country, (including the Cayman Islands) during your past or present work permit(s)? If yes, list details. Yes No

Nature of Offence	Date	Location	Verdict and Sentence
	DD/MM/YY		
	DD/MM/YY		

12. Please list the particulars of any dependants (spouse, children or others) whom you wish to accompany you to the Cayman Islands or are already residing in the Cayman Islands.

Name	Date of Birth	Nationality	Relationship	Country of Residence	Add to Work Permit
	DD/MM/YY				Yes <input type="checkbox"/> No <input type="checkbox"/>
	DD/MM/YY				Yes <input type="checkbox"/> No <input type="checkbox"/>
	DD/MM/YY				Yes <input type="checkbox"/> No <input type="checkbox"/>

13. Have any of your accompanying dependants been charged or convicted of any criminal offence, in any country (including the Cayman Islands), during your past or present work permit(s)? If yes, list details. Yes No

Nature of Offence	Date	Location	Verdict and Sentence
	DD/MM/YY		

Name	
Name	

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.

In accordance with The Immigration Law, I hereby agree to submit to being Fingerprinted/Palprinted for the purpose of identity verification and criminal checks domestically and internationally.

Signature of Employee

Date (DD/MM/YY)



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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 or the self-employed. (iii) Refer to the checklist accompanying this form for additional documents required to process this application.

Part 2 - To Be Completed By Employer

1. Name of employer or employing company _____ Date of Birth DD/MM/YY

Trade Name (if different from above) _____

Name of additional employer (if permit is to be shared) _____ Date of Birth DD/MM/YY

2. Nationality (if employer is a person) _____ Nationality (if additional employer is a person) _____

3. Postal Address & KY _____

4. Telephone (Work) _____ Telephone (Home) _____ Email Address _____

5. Nature of business (or occupation of employer) _____

Name of your employer _____ Employers Address _____

6. State under which law business is licensed to operate _____

Date of expiry of current business licence DD/MM/YY Current licence number _____

7. Business Staffing Plan Certificate no. _____ valid until DD/MM/YY

8. Job title (must be same as in Business Staffing Plan Certificate) _____

9. Job serial number (taken from Business Staffing Plan Certificate) _____

10. Has this job been advertised or referred to the National Workforce Development Agency (NWDA)? (copies of advertisements should be attached)
 Yes No if not, why not? _____

11. 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 the answer is yes, how many applied and why were none hired? _____

If Yes, provide NWDA Job ID No _____

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

13. If you employ non-Caymanians, provide nationality and the number of persons:-

Nationality	No of Persons	Nationality	No of Persons



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14. Do you have a training programme, Scholarship or Succession Plan (Regulation 6)? Yes No

If so, have you provided the Business Staffing Plan Board with an update during the current year as required? Yes No

If you have not provided the update, please explain why not (use a separate sheet of paper if necessary) _____

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

16. (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? _____

17. 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 particular which I know to be false or do not believe to be true.

In accordance with The Immigration Law. I hereby agree to submit to being fingerprinted and to the fingerprints being recorded electronically.

Signature of Employer

Date (DD/MM/YY)

Signature of Additional Employer (if applicable)

Date (DD/MM/YY)



IMMIGRATION
CAYMAN ISLANDS

WORK PERMIT PAYMENT LOG

Employer

Employee

Occupation

Number of Accompanying Dependents

WORK PERMIT FEE CI\$

ADMINISTRATION FILING FEE CI\$

DEPENDANT'S FEE (per dependant for first year only) 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/MM/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 Required

Date (DD/MM/YY) _____



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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.

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

		D/MMM/YY
Print Employee Name	Employee Signature Original signature required, cannot be Agency signature	Date (dd/mmm/yyyy)

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



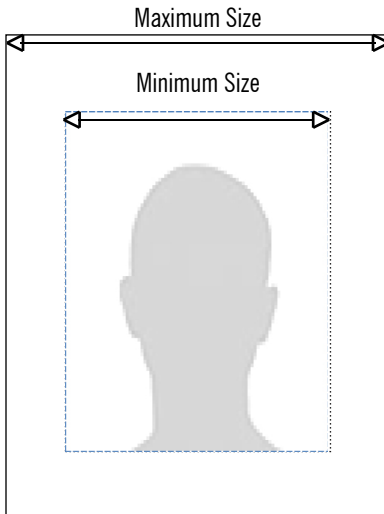
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PHOTOGRAPH TEMPLATE
Applicants Only

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.

BUSINESS STAFFING PLAN BOARD - WORK PERMIT RENEWAL CHECKLIST

This list is a summary of general requirements for ALL applicants. The Business Staffing Plan Board reserves the right to request additional information or documentation as it sees fit.
- See online guidelines for additional information and specifications -

- 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.**
- Ensure that the Business Staffing Plan **number for the employee** is the next available number in the plan. e.g. if position #2 is taken and #3 and #4 are available then #3 must be used before #4 can be used, unless the applicant is replacing an employee in position #2.
- Please ensure compliance with conditions set within the Business Staffing Plan e.g. Regulation 6 conditions
- If the position is not included in the plan, the new title must be requested to be added within the cover letter and an additional non-refundable application fee of CI\$100 must be included
- Cover letter signed by Employer** with detailed summary of why the permit is required - original signature required.
- A full page copy of two **newspaper advertisements** (Valid for 6 months maximum) - run consecutively for 2 weeks, with visible dates, including salary range and all other benefits.
- Correct work permit fee, including CI\$100 non-refundable application fee, dependant fee if applicable.
- Resume of all Caymanian applicants** including NWDA referrals explaining why they were not hired for the position.
- Certified copies of newly acquired **educational certificate/diplomas/degrees**.
- Original signed and sealed, **Police Clearance certificate** - less than 6 months old
- 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** (See online guidelines) **Cuban National:** Certified copy of Cuban Visa
- Where the **Trade & Business License** has expired, a copy of the receipt of payment for the renewal from employer.
- 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 Dependents (First Time Adding)

- Child(ren):** 17 years and under:
 - 1) a certified birth certificate
 - 2) a letter from a private school confirming acceptance/attendance.
- Child(ren):** 18 years and older:
 - 1) An original medical questionnaire (less than 3 years old)
 - 2) HIV/VDRL report (less than 6 months old),
 - 3) certified birth certificate
 - 4) original signed and sealed Police Clearance certificate (less than six months old, from last place of residence)
 - 5) letter from school confirming acceptance/attendance (required annually).
- Spouse:**
 - 1) an original medical questionnaire (less than 3 years old)
 - 2) HIV/VDRL report (less than 6 months old)
 - 3) certified copy of marriage license
 - 4) original signed and sealed Police Clearance certificate (less than six months old, from last place of residence)
 - 5) Section 52(10) request to coincide with spouse: Affidavit (AF52-10)

ADDITIONAL REQUIREMENTS BY INDUSTRY

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