



# IMMIGRATION

CAYMAN ISLANDS

## DEPENDANT INFORMATION FORM REQUEST TO INCLUDE DEPENDANTS

This form must be completed if you are requesting any non-Caymanian dependant(s) to accompany you.

The completed application should be sent to:  
The Secretary, Caymanian Status & Permanent Residency Board / CIO  
PO Box 1098, Grand Cayman KY1-1102, 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. Retain a copy of all applications and attachments provided to Immigration.

Please select one option only:

APPLICATION FORM CONTAINS 9 PAGES

- A. I am the spouse of a Caymanian** and I wish to include my dependant child(ren) on my application for a RERC
- B. I am the spouse of a Permanent Resident** and I wish to include my dependant child(ren) on my application for a RERC
- C. I currently possess Residency & Employment Rights** as the surviving spouse of a Caymanian and I wish to vary my RERC to include my dependant child(ren)
- D. I am now applying for Permanent Residence/Residency & Employment Rights Certificate** and I wish to include my dependant(s)
- E. I am on a Permission to Continue to Work** and I wish to include or add dependant(s)
- F. I currently possess Permanent Residence/Residency & Employment Rights Certificate** and I wish to vary my RERC to include dependant(s)

I wish to add my (choose all that apply): Child(ren)  Spouse  Note: A surviving spouse of a Caymanian *cannot* add his/her new non-Caymanian spouse as a Dependent on his/her RERC.

### PERSONAL DETAILS OF APPLICANT

1. Last Name (Surname) \_\_\_\_\_ First Name(Given name) \_\_\_\_\_ Maiden Name \_\_\_\_\_
2. Nationality \_\_\_\_\_ Date of Birth DD/MM/YY Place of Birth \_\_\_\_\_
3. Are you currently employed? Yes  No
4. If Yes, what is the name of your employer? \_\_\_\_\_

### PERSONAL DETAILS OF SPOUSE (Skip this section if you are applying under A or B above)

5. Is your spouse Caymanian? Yes  No  If No, what is spouse's Nationality? \_\_\_\_\_
6. Spouse Date of Birth DD/MM/YY Place of Birth \_\_\_\_\_
7. Last Name (Surname) \_\_\_\_\_ First Name(Given name) \_\_\_\_\_ Maiden Name \_\_\_\_\_
8. Is your spouse currently employed? Yes  No
9. If Yes, what is the name and address of spouse's employer? \_\_\_\_\_  
\_\_\_\_\_



## DEPENDANT INFORMATION FORM

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.

### DETAILS OF DEPENDANTS

#### Non-Caymanian Dependants

Important note: If Applicant is male - your request cannot be considered if you do not have proof of full legal custody of your dependant(s). If you were not married to the mother(s) of your dependant child(ren) at the time of the child(ren)'sr birth you must provide original DNA to prove paternity.

10. Do you have any non-Caymanian dependant(s) whom you wish to be added to your Residency & Employment Rights Certificate? Yes  No

If Yes, provide details below. Use additional sheet of paper if necessary.

Name	Gender	Date of Birth	Nationality	Relationship	Is the listed spouse the biological parent?
SPOUSE	M <input type="checkbox"/> F <input type="checkbox"/>	DD/MM/YY		SPOUSE	
CHILD #1	M <input type="checkbox"/> F <input type="checkbox"/>	DD/MM/YY			Yes <input type="checkbox"/> No <input type="checkbox"/>
CHILD #2	M <input type="checkbox"/> F <input type="checkbox"/>	DD/MM/YY			Yes <input type="checkbox"/> No <input type="checkbox"/>

11. Has your dependant(s) ever been charged or convicted in a court of law for a criminal offence in Cayman or any other country? If Yes, provide details for each dependant.

Yes	No	Nature of Offence	Date	Location	Verdict and Sentence
<input type="checkbox"/>	<input type="checkbox"/>	SPOUSE	DD/MM/YY		
<input type="checkbox"/>	<input type="checkbox"/>	CHILD #1	DD/MM/YY		
<input type="checkbox"/>	<input type="checkbox"/>	CHILD #2	DD/MM/YY		

12. Has your dependant(s) ever been required to pay an administrative fine for an offence in the Cayman Islands or other country, other than for a traffic offence?

If Yes, provide details for each dependant.

Yes	No	Nature of Fine	Date	Location	Amount (CI\$)
<input type="checkbox"/>	<input type="checkbox"/>	SPOUSE	DD/MM/YY		
<input type="checkbox"/>	<input type="checkbox"/>	CHILD #1	DD/MM/YY		
<input type="checkbox"/>	<input type="checkbox"/>	CHILD #2	DD/MM/YY		

13. Has your dependant(s) ever been sanctioned by a professional ethics body, licensing board or any other regulating body? If Yes, provide details.

Yes	No	Nature of sanction	Date	Location	Reasons
<input type="checkbox"/>	<input type="checkbox"/>	SPOUSE	DD/MM/YY		
<input type="checkbox"/>	<input type="checkbox"/>	CHILD #1	DD/MM/YY		
<input type="checkbox"/>	<input type="checkbox"/>	CHILD #2	DD/MM/YY		



## DEPENDANT INFORMATION FORM

Do not leave any question blank. If a question does not apply to you, insert "Not Applicable" or "N/A" in the space provided.  
Use separate sheet of paper if necessary.

14. Is this dependant(s) in good physical and mental health? If No, provide details.

Yes  No  Nature of ill health (inferior health or impairment)

SPOUSE

CHILD #1

CHILD #2

If No, does dependant have insurance coverage? Yes  No

If Yes, what is the name of the insurance company? \_\_\_\_\_

Address of insurance company \_\_\_\_\_ Telephone number \_\_\_\_\_

What is the policy number? \_\_\_\_\_

15. For each dependant being added, state where and with whom each dependant currently resides.

Name of Guardian, if applicable	Relationship of Guardian (to Dependant), if applicable	Full Address (Street address & Country)	Is Dependant currently residing in Cayman?
SPOUSE			Yes <input type="checkbox"/> No <input type="checkbox"/>
CHILD #1			Yes <input type="checkbox"/> No <input type="checkbox"/>
CHILD #2			Yes <input type="checkbox"/> No <input type="checkbox"/>

**Question 16a & 16b to be completed by Male applicants only**

16a. Are you married to the mother of your dependant child(ren)?

If Yes, is the mother of this child currently your Dependant?

If No, provide explanation of why you are requesting to add this child as your Dependant?

CHILD #1 Yes  No  Yes  No  \_\_\_\_\_

CHILD #2 Yes  No  Yes  No  \_\_\_\_\_

16b. Provide detailed information for your planned on-Island childcare arrangements. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you are applying as the Spouse of a Permanent Resident, or the Spouse of a Caymanian, or a new Applicant for Permanent Residence, skip question 17.**

17. Was the child(ren) being added at this time declared on your original RERC application form?

Yes  No  If No, explain why not

CHILD #1

CHILD #2



## DEPENDANT INFORMATION FORM

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.

18. Do you have any current dependant(s) that were previously included on your RERC application? Yes  No  N/A  If Yes, list details below.

Name	Gender	Date of Birth	Nationality	Relationship
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>

### Dependants with Caymanian Spouse or other Caymanian person (If applicable)

19. Do you have any Caymanian children? Yes  No  If yes, how many?

**If you are the spouse of a Caymanian, answer Question #20. If you are *not* the spouse of a Caymanian, skip Question #20.**

20. Do you have children with your Caymanian spouse? Yes  No  If yes, how many?  List details below. Use separate sheet of paper if necessary.

Name of child(ren)	Gender	Date of Birth	Country of Birth
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>

Where and with whom does Caymanian children currently reside?

Name of Guardian	Relationship of Guardian (to Dependant)	Telephone/Cell
<input type="text"/>	<input type="text"/>	<input type="text"/>

Full Address (Street address & Country)	PO Box & KY
<input type="text"/>	<input type="text"/>

Personal Email	Employer
<input type="text"/>	<input type="text"/>

21. Do you have children by any other Caymanian person? Yes  No  If yes, how many?  List details below.

Name of child(ren)	Gender	Date of Birth	Country of Birth
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>

Name of Caymanian parent	Gender	Date of Birth	Country of Birth
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>



## DEPENDANT INFORMATION FORM

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.

Where and with whom does child(ren) currently reside? Please provide full contact details of Caymanian parent or guardian:

Name of Guardian	Relationship of Guardian (to dependant)	Telephone/Cell
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Address (Street address & Country)		PO Box & KY
<input type="text"/>		<input type="text"/>
Personal Email	Employer	
<input type="text"/>	<input type="text"/>	

22. Does your **Spouse have** Caymanian children under age eighteen for which you, the Applicant, are **not** a parent? Yes  No

If yes, how many.  List details below.

Name	Gender	Date of Birth	Country of Birth	Age
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>

Where and with whom does child(ren) currently reside? Please provide full contact details of Caymanian parent or guardian.

Name of Guardian	Relationship of Guardian (to dependant)	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Address (Street address & Country)		PO Box & KY
<input type="text"/>		<input type="text"/>
Personal Email	Employer	
<input type="text"/>	<input type="text"/>	

### ACCOMMODATION

Provide the following details of your current living arrangements

23. Type of Building Single Family Dwelling - House  Apartment  Town House  Condominium  Boarding Room/House

24. How many rooms are available for the applicant and his/her family?

Bedrooms  Bathrooms  Living Rooms  Kitchens  Other

25. How many persons currently reside in this home including yourself?

What is their relationship to you?

26. Will any of these rooms be shared with other occupants of the dwelling? Yes  No  If Yes, how many?  If Yes, provide details.



## DEPENDANT INFORMATION FORM

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Use separate sheet of paper if necessary.

27. This accommodation is Owned by the Applicant  Owned by the Caymanian Spouse

Rented by the Applicant  Rented by the Caymanian Spouse  If rented, please skip to Question 29

Physical address \_\_\_\_\_

Block and Parcel number \_\_\_\_\_ - \_\_\_\_\_

District \_\_\_\_\_

Note: A certified copy of the Land Register evidencing ownership must be attached. If home is owned by Caymanian spouse's relative, a copy of the Land Register must be provided and accompanied by a letter from the homeowner explaining living arrangements and financial contributions if any. A copy of homeowner's identification (passport data page) must be provided to confirm identity and signature on letter.

28. If Rented, the name and address of the Landlord is: Name of Landlord \_\_\_\_\_

(i) House No \_\_\_\_\_

(ii) Street name \_\_\_\_\_

(iii) District \_\_\_\_\_

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

30. If Rented, the name and address of the Landlord is: Name of Landlord \_\_\_\_\_

(i) House No \_\_\_\_\_

(ii) Street name \_\_\_\_\_

(iii) District \_\_\_\_\_

(iv) PO Box \_\_\_\_\_

(v) Telephone \_\_\_\_\_

(vi) Email Address \_\_\_\_\_

### FINANCES (INCOME & EXPENDITURE)

31. Do you receive any other additional regular financial support for your child(ren)? Yes  No

If Yes, how much? \_\_\_\_\_ per Month  Week  Annum  Other  If Other, explain \_\_\_\_\_

Note: Evidence of any legal obligations such as copy of ancillary divorce documentation, Court Orders (e.g., regarding Child Support, etc.) must be provided.

List all sources of financial support on the attached *Monthly Income & Expense Report*.

\_\_\_\_\_  
Signature of Applicant (not agent)  
original signature required

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Signature of Spouse (if applicable)  
original signature required

\_\_\_\_\_  
Date dd/mm/yyyy



## Monthly Income and Expense Report

Please provide a breakdown of your **combined** monthly household and living expenses and income together with current employment letter of applicant and spouse, if applicable.

Please attach evidence (i.e. copies or bills/receipts) or major expenses such as Mortgage/Rental Agreements, Loan Agreement, Electricity bill, Water bill, Telephone bill, etc.

Monthly Expenses	CI\$
Mortgage/Rent	
Electricity	
Telephone/Cellular	
Water	
Domestic Helper	
School Fees	
Car Loan	
Bank Loan(s)	
Vehicle (Gas/Maintenance)	
Credit Cards	
Savings	
Insurance	
Groceries	
Entertainment	
Household Misc.	
Child Support (Maintenance) Paid	
Other Expense	
Other Expense	
Other Expense	
Other Expense	
<b>Total Expenses</b>	

Monthly Income	
Salary - Applicant	
Salary - Spouse (if any)	
Rental Income	
Governmental Assistance	
Pension/Retirement Income	
Child Support (Maintenance) Received	
Seaman's Benefit	
Investment Income	
Other Income	
Other Income	
Other Income	
Other Income	
Other Income	
<b>Total Income</b>	



IMMIGRATION  
CAYMAN ISLANDS

DECLARATION

To be completed by Applicant and Spouse (if applicable)

I, the Applicant do hereby declare as follows:

- (a) that the above information contained in this Dependant Information Form is correct to the best of my knowledge and belief;
- (b) I attest that my/our combined monthly income is sufficient to financially maintain and support all the declared household members and dependants listed on this; and
- (c) that I 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.

Signature of Applicant (no agent)  
original signature required

Date (dd/mm/yyyy)

I, \_\_\_\_\_ being the spouse of the Applicant do declare as follows:  
(Print name clearly)

- (a) I fully support my spouse's application to include his/her/our child(ren) as dependant(s) on his/her Residency & Employment Right Certificate and that I together with spouse undertake to be financially responsible for such dependant(s) day to day necessities (food, clothing, shelter, etc.) educational and medical needs during their stay in the Islands;
- (b) I attest that our combined monthly income is sufficient to financially maintain and support all the declared household members and dependants listed on this form;
- (c) I declare that the information provided above in respect of our combined household expenses is true and correct;

I, the undersigned person further declares as follows:

- (d) that the above information contained in this Dependant Information Form is correct to the best of my knowledge and belief; and
- (e) that I 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.

Signature of Spouse  
original signature required

Date dd/mm/yyyy





## **Dependant Information Form Checklist To Add or Remove Dependant(s) to a an existing Residency & Employment Rights Certificate**

This list is a summary of general requirements for ALL applicants.  
The Chief Immigration Officer and the CS&PR Board reserve the right to request additional information or documentation.

### **FOR ALL APPLICANTS**

- Administrative non-refundable fee of CI \$500
- Note: any dependant fee(s) plus non-refundable repatriation fee(s) are payable if application approved. These potential fees are not due at time of application.
- Cover letter attached with summary of why the amendment is requested.
- Application form duly completed, signed and dated by applicant and employer (if applicable).
- Do not leave any question blank. If a question does not apply to you, insert "Not Applicable" or "N/A" in the space provided.

### **FOR APPLICANTS WHO HAVE "PERMISSION TO CONTINUE WORKING"**

- You must *also* complete form [AMD2B, Permission to Continue Working Amendment Application To Add or Remove Dependents](#).

### **IF ADDING A DEPENDANT UNDER THE AGE OF 18**

- Certified copy of birth certificate.
- A letter from a private school confirming acceptance/attendance.
- Employment Letter from both parents including hours worked per week, monthly income and other benefits received.

### **IF ADDING A DEPENDANT OVER THE AGE OF 18**

- Certified copy of birth certificate.
- Certified copy of marriage certificate, if applicable.
- If full-time student, a letter from school confirming acceptance/attendance.
- Employment Letter including hours worked per week, monthly income and other benefits received. You may submit an employment letter for your spouse if you feel it will aid your application.
- Original signed and sealed Police Clearance Certificate. The Police Certificate will be less than 6 months old and from last place of residence.
- Original medical questionnaire as applicable. The full medical is only required every 3 years. The full medical includes an original HIV/VDRL lab report. The HIV/VDRL is required every six months.

### **IF APPLICANT IS THE FATHER, IS UNMARRIED, AND ADDING A CHILD AS A DEPENDANT**

- Proof of legal custody of the child
- Contact information for the child's mother or other details as to her whereabouts.
- Cover letter attached with summary of why the amendment is required.
- Employment Letter from father's employer including hours worked per week, monthly income and other benefits received. You may submit an employment letter for the child's mother if you feel it will aid your application.
- A letter from a private school confirming acceptance/attendance.

### **REMOVE DEPENDANT**

- Application fully completed, signed and dated by applicant and employer (if applicable).
- Documentation supporting removal of dependant, e.g., death certificate, divorce decree, legal document of separation.