



IMMIGRATION CAYMAN ISLANDS

APPLICATION FOR RESIDENCY AND EMPLOYMENT RIGHTS CERTIFICATE SPOUSE OF A PERMANENT RESIDENT

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 a separate sheet of paper if necessary. Retain a copy of all applications and attachments submitted to Immigration.

APPLICATION FORM CONTAINS 12 PAGES

PERSONAL DETAILS OF APPLICANT

1. Last Name Maiden Name First Name(s)

2. Place of Birth Date of Birth Gender Male Female

Nationality

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

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

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

5. Physical Address

PO Box & KY/Mailing address Phone

Personal Email Address

6. Occupation Are you currently employed? Yes No

If Yes, Name of Employer/Business

Physical Address

PO Box & KY/Mailing address Telephone

7. What is your current immigration status?

- a. Work Permit Holder Expiry date
- b. Visitor (new to island) Expiry date
- c. Work Permit Dependant Effective date
- d. Dependant Spouse of a Permanent Resident Effective date
- e. Other Explain

AGENT/REPRESENTATIVE DETAILS (if applicable)

8. Name of Agent/Representative

9. P.O. Box & KY/Mailing address

Physical address

10. Phone Fax No Email Address



**APPLICATION FOR RERC
SPOUSE OF A PERMANENT RESIDENT**

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 a separate sheet of paper if necessary.

PERSONAL DETAILS OF SPOUSE WHO HOLDS PERMANENT RESIDENCY

11. Last Name _____ Maiden Name _____ First Name(s) _____

12. Place of Birth _____ Date of Birth D/MMM/YY Gender Male Female

13. Telephone/Cell _____ Email Address _____

14. Name of Employer/Business _____ Employer's PO Box & KY _____

15. Phone _____ Email Address _____

CHARACTER / CRIMINAL HISTORY

16. 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
_____	<u> D/MMM/YY </u>	_____	_____
_____	<u> D/MMM/YY </u>	_____	_____

17. 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\$)
_____	<u> D/MMM/YY </u>	_____	_____
_____	<u> D/MMM/YY </u>	_____	_____

18. 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
_____	<u> D/MMM/YY </u>	_____	_____
_____	<u> D/MMM/YY </u>	_____	_____

19. Please provide the names of three personal references

Names of Referees	Phone	Address
1- _____	_____	_____
2- _____	_____	_____
3- _____	_____	_____



APPLICATION FOR RERC
SPOUSE OF A PERMANENT RESIDENT

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 a separate sheet of paper if necessary.

DEPENDANT DETAILS (if applicable)

20. 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](#) along with this form.

Name	Date of Birth	Nationality	Relationship
	D/MMM/YY		
	D/MMM/YY		

21. Is your spouse the biological parent of the above listed dependant(s)? Yes No

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

Name	Date of Birth	Nationality	Relationship
	D/MMM/YY		
	D/MMM/YY		

23. Do you have any Caymanian children? Yes No If Yes, provide details below. Use separate sheet of paper if necessary.

Name	Date of Birth	Nationality	Relationship
	D/MMM/YY		
	D/MMM/YY		

24. Where and with whom does the child(ren) currently reside?

Name of Guardian	Relationship of Guardian to child(ren)	Full Address (Street address & Country)

Phone	PO Box & KY	Email address

Name of Guardian	Relationship of Guardian to child(ren)	Full Address (Street address & Country)

Phone	PO Box & KY	Email address

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

25. 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



**APPLICATION FOR RERC
SPOUSE OF A PERMANENT RESIDENT**

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 a separate sheet of paper if necessary.

26. 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

Two horizontal light blue bars for providing details of assistance.

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 no acceptable

Date _____
DD/MM/YY

Signature (Spouse) _____
Original signature required
Agency signature no acceptable

Date _____
DD/MM/YY



IMMIGRATION
CAYMAN ISLANDS

AFFIDAVIT (SPOUSE OF A PERMANENT RESIDENT)

PART I

To be completed by applicant

I _____ of _____

make oath and say as follows:-

- 1. That I am married to _____
(my "spouse") and have been married to my spouse for _____ year(s) _____ months(s);
- 2. That my marriage to my spouse is not one of convenience as defined in section 2 of the Immigration Law (2013 Revision);
- 3. That my marriage is (1) stable and intact
(2) that there are and were no pending divorce proceedings, divorce petitions or separation petitions filed within the duration of the marriage;
- 4. That I am not living apart from my spouse under a (1) decree of a competent court,
(2) under a deed of separation,
(3) by mutual consent or agreement or any other reason whether voluntary or not;
- 5. That I have not lived apart from my spouse immediately preceding this application and that I do not intend to live apart from my spouse in the foreseeable future.

Warning: It is an offence under the Immigration Law (2013 Revision) 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 Chief Immigration Officer / The Caymanian Status and Permanent Residency Board or its duly appointed agents by providing such information or documents as they may reasonably request in connection with your application.

If the Chief Immigration Officer / The Caymanian Status and Permanent Residency 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 Chief Immigration Officer / The Caymanian Status and Permanent Residency Board or its duly appointed agents may conduct a full investigation in such manner as it deems fit.

I declare that I understand and accept the Warning given above.

Signature of Applicant

Date

Sworn before me at _____, Cayman Islands, this _____ day of _____ 20_____

Justice of the Peace/Notary Public



IMMIGRATION
CAYMAN ISLANDS

AFFIDAVIT (SPOUSE OF A PERMANENT RESIDENT)

PART II

To be completed by the Permanent Residence holder

I _____ of _____

make oath and say as follows:-

- 1. That I am married to _____ Full name of spouse
2. That I support the application for a Residency & Employment Rights Certificate for my spouse;
3. That my marriage is not one of convenience as defined in section 2 of the Immigration Law (2013 Revision);
4. That my marriage is (1) stable and intact (2) that there are and were no pending divorce proceedings, divorce petitions or separation petitions filed within the duration of the marriage;
5. That I am not living apart from my spouse under a (1) decree of a competent court, (2) under a deed of separation, (3) by mutual consent or agreement or any other reason whether voluntary or not;
6. That I have not lived apart from my spouse immediately preceding this application and that I do not intend to live apart from my spouse in the foreseeable future.

Warning: It is an offence under the Immigration Law (2013 Revision) 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.

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I declare that I understand and accept the Warning given above.

Signature of Spouse Date

Sworn before me at _____, Cayman Islands, this _____ day of _____ 20_____

Justice of the Peace/Notary Public



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 12 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 _____/_____/____ (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) _____/_____/____ Signature of Applicant _____
 _____ Original Signature Required
 Date (dd-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

[]

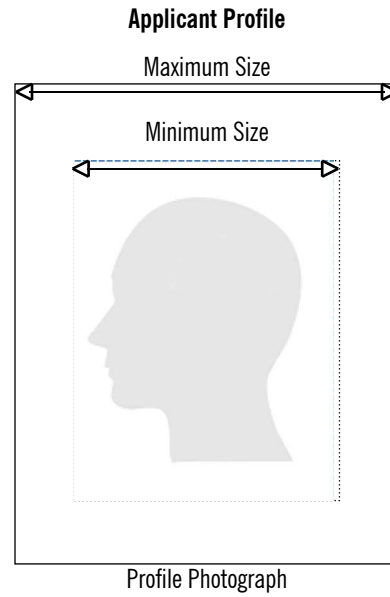
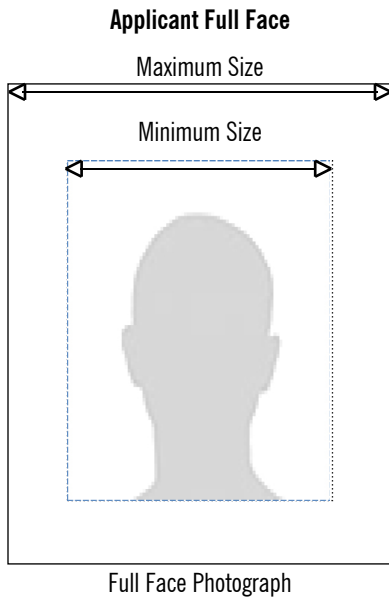


IMMIGRATION
CAYMAN ISLANDS

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.



Checklist for Residency and Employment Rights Certificate for the Spouse of a Permanent Resident - Section 30 (16)

This list is a summary of general requirements for ALL applicants. The Chief Immigration Officer / The Caymanian Status and Permanent Residency Board reserves the right to request additional information or documentation as deemed necessary.

- Cover Letter**
Stating circumstances as to how you and your spouse met signed by both applicant and spouse.
- Application Form**
One duly completed application form
- Fees**
CI\$300
- Evidence of Marital Status**
Certified copies of marriage certificate and/or death & divorce decree(s) (where applicable if applicant and/or spouse was married before).
- Affidavit**
Completed and signed by the applicant and spouse in the presence of a JP or Notary Public.
- Evidence that Spouse is A Permanent Resident Holder**
Provide photocopy of Permanent Residence Certificate
- Applicant's Birth Certificate**
Certified copy of applicant's birth certificate
- References**
Three written references from persons who have known you for at least 3 years. Ensure you included 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) of applicant
- Proof of Identity**
Certified copy of photo and information page of applicant and spouse's passports
- Employment Letter** stating your position, length of employment and salary. You will submit an Employment Letter for both you, the Applicant, and your spouse.
If either of you are not employed, state this in your cover letter.
- Bank References**
For Applicant and Spouse. If you do not have a bank account, state this in your cover letter.
- Resume and Copies of any Qualifications**
- Police Clearance** for Spapplicant, valid for six (6) months old
- Dependant Children**
Certified copies of birth certificates or adoption orders in respect of any dependant children under the age of eighteen, who are not Caymanians, and whom you wish to have added as your dependants
- Dependant Information Form** (R15) to be fully completed and submitted together with copies of all necessary documents requested (e.g., lease agreement, utility bills, etc.).

- 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 USA 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. Provide copy of death certificate if applicable. A letter signed by the birth mother giving permission for child to reside with father is **not** acceptable, *even if it is notarised*.

*All certificates and documents (e.g., 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.