



# IMMIGRATION CAYMAN ISLANDS

## APPLICATION FOR A RESIDENCY AND EMPLOYMENT RIGHTS CERTIFICATE (RERC) PERSON MARRIED TO A CAYMANIAN

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. Refer to the checklist accompanying this form for additional information.  
Retain a copy of all applications and attachments submitted to Immigration.

APPLICATION FORM CONTAINS 13 PAGES

I wish to apply for a RERC - 7 years (RAS)

I wish to apply for a renewal RERC - 7 years (RAS)

### PERSONAL DETAILS OF APPLICANT

Name as it appears in Passport

1. Surname (Last Name)  Maiden Name  Given Names (First Names)

2. Nationality  Date of Birth  Gender Male  Female

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

4. Have you ever been married before? Yes  No  If Yes, Date of Divorce  Have you ever been widowed? Yes  No

Former spouse's Full name

5. What is your current immigration status? Work Permit Holder  Visitor  Other  Explain

6. Physical Address

PO Box & KY Code  Telephone/Cell

Do you have an e-mail address? Yes  No  If Yes, Personal Email Address

7. Occupation

Are you currently employed? Yes  No  If Yes, Name of Employer/Business

Physical Address

PO Box & KY Code  Telephone

Email

8. Have you ever applied for this type of RERC before? Yes  No  If Yes, provide date of grant and/or date of application

How was your previous RERC lost or cancelled? Divorce  Revocation

Provide details



**RESIDENCY AND EMPLOYMENT RIGHTS CERTIFICATE  
PERSON MARRIED TO A CAYMANIAN**

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.

9. Have you ever been bankrupt?  Yes  No
10. Have you ever owned shares, equity or rights in a non-public quoted company which went bankrupt or ceased trading without creditors being paid in full?  Yes  No
11. Have you ever been a Director, Manager, or Officer of a company, partnership or entity which went bankrupt or ceased trading without creditors being paid in full?  
 Yes  No

12. If Yes to 9 or 10 or 11, provide dates and details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL DETAILS OF CAYMANIAN SPOUSE**

Name as it appears in Passport

\_\_\_\_\_

13. Surname (Last Name) \_\_\_\_\_ Maiden Name \_\_\_\_\_ Given Names (First Names) \_\_\_\_\_

14. Place of Birth \_\_\_\_\_ Date of Birth  Telephone/Cell \_\_\_\_\_

15. Date of Marriage  Place of Marriage \_\_\_\_\_

16. Occupation \_\_\_\_\_ Name of Employer/Business \_\_\_\_\_

Employer's PO Box & KY Code \_\_\_\_\_ Telephone \_\_\_\_\_

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

**DETAILS OF AGENT (If applicable)**

17. Agency Name \_\_\_\_\_

18. Agency PO Box & KY Code \_\_\_\_\_

19. Contact Name \_\_\_\_\_

20. Telephone/Cell \_\_\_\_\_ Email Address \_\_\_\_\_

**DETAILS OF DEPENDANTS**

**Non-Caymanian Dependants (Not for the Caymanian Spouse)**

21. Do you have any non-Caymanian dependants whom you wish to accompany you? Yes  No  If Yes, provide details below.

\*Note: If you wish for any of your non-Caymanian dependants to accompany you, you are required to to complete Form R15 (Dependant Information Form) and submit along with this application.

Name	Date of Birth	Nationality	Relationship	Is dependant currently in the Islands?
_____	<input type="text" value="DD/MM/YY"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	<input type="text" value="DD/MM/YY"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	<input type="text" value="DD/MM/YY"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>



RESIDENCY AND EMPLOYMENT RIGHTS CERTIFICATE  
PERSON MARRIED TO A CAYMANIAN

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.

22. Do you have any non-Caymanian dependants not listed under question 21 (i.e., dependants not accompanying you)? Yes  No  If Yes, provide details below.

Name	Date of Birth	Nationality	Relationship	Is dependant currently in the Islands?
<input type="text"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Where and with whom do this dependant(s) currently reside?

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

23. Do you or the guardian receive any financial or Governmental assistance for any of your Non-Caymanian dependants? Yes  No

**Dependants with Caymanian Spouse or other Caymanian person**

24. Do you have children with your Caymanian spouse? Yes  No  If Yes, how many?

Provide certified copy of birth certificate(s) and list particulars as follows. (Use separate sheet, if necessary.)

Name	Gender	Date of Birth	Nationality	Age
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>

Where and with whom does dependant(s) currently reside?

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

25. Do you have children by any other Caymanian person? Yes  No  If Yes, how many?

Provide certified copy of birth certificate(s) and list particulars as follows. (Use separate sheet, if necessary.)

Name	Gender	Date of Birth	Nationality	Age
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Male <input type="checkbox"/> Female <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? 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) <input type="text"/>		PO Box & KY Code <input type="text"/>
Employer	<input type="text"/>	



RESIDENCY AND EMPLOYMENT RIGHTS CERTIFICATE  
PERSON MARRIED TO A CAYMANIAN

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. Do you or your spouse or the guardian receive any financial or Governmental assistance for any of your Caymanian dependants? Yes  No

27. Does Caymanian Spouse have any Caymanian Children (age eighteen or under) for which you, the Applicant are not the parent? Yes  No

If Yes, provide details. For these Caymanian Children, provide certified copies of their birth certificates.

Name	Gender	Date of Birth
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text" value="DD/MM/YY"/>
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text" value="DD/MM/YY"/>

Where and with whom does this Caymanian Child(ren) currently reside? 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) <input type="text"/>		
Mailing Address - PO Box & KY Code <input type="text"/>		
Employer <input type="text"/>		

28. Does your spouse or the guardian receive any financial or Governmental assistance for any of the Caymanian dependants? Yes  No

**CRIMINAL HISTORY**

29. Have you or any of your accompanying dependants ever been convicted of any offence in your country of origin or any other country visited? If so, please state who, where and for what offence. **If no dependants write none. Do not write N/A as this is not acceptable.**

Name	Where (City & Country)	Offence
<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"/>

**REFERENCES**

30. Please provide the names of three personal references

Names of Referees	Telephone/Cellular	Address
1- <input type="text"/>	<input type="text"/>	<input type="text"/>
2- <input type="text"/>	<input type="text"/>	<input type="text"/>
3- <input type="text"/>	<input type="text"/>	<input type="text"/>

**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) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Caymanian Spouse) \_\_\_\_\_ Date \_\_\_\_\_



IMMIGRATION  
CAYMAN ISLANDS

AFFIDAVIT (RERC SPOUSE OF A CAYMANIAN)

PART I - To be completed by the Non-Caymanian spouse

This affidavit is in support of an application for the grant of a Residency & Employment Rights Certificate for seven years as the spouse of Caymanian.

I \_\_\_\_\_ of \_\_\_\_\_

make oath and say as follows:-

1. That I am married to \_\_\_\_\_ Full name of spouse

(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 / 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 / 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 / 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 (RERC SPOUSE OF A CAYMANIAN)

PART II - To be completed by the Caymanian spouse

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 seven years on behalf of 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 Caymanian 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.

#### 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 number \_\_\_\_\_  
 (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 \_\_\_\_\_ Signature of Applicant \_\_\_\_\_  
 Date \_\_\_\_\_ Medical Examiner/Physician \_\_\_\_\_  
 Original Signature Required \_\_\_\_\_



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 Signature Medical Examiner





MEDICAL EXAMINATIONS FORM

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

(a) Hospital Xray No. [ ] Date [ ] Result [ ]

(b) Urine: Date [ ] 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 [ ] Signature Medical Examiner [ ]

FOR OFFICIAL USE ONLY

[ ]



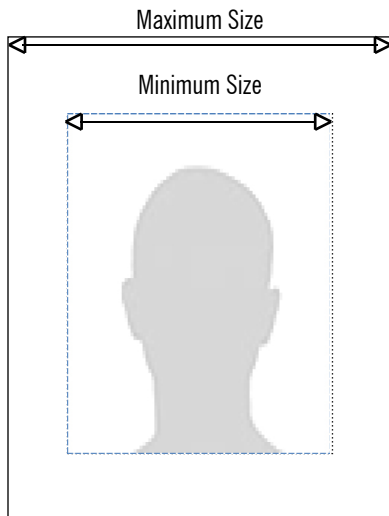
# IMMIGRATION CAYMAN ISLANDS

## PHOTOGRAPH TEMPLATE Applicant and Caymanian Spouse 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

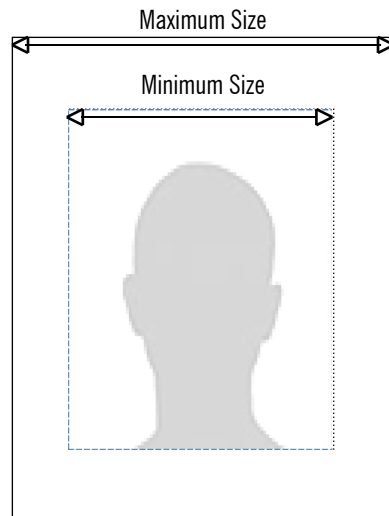
**Provide Full Face photo.**

### Applicant Full Face



Full Face Photograph

### Caymanian Spouse Full Face



Full Face Photograph

**Do Not Use Staples!**

**Photographs may be taped or glued to the picture diagrams.**

**Instructions:**

- For Permanent Residency applications provide Full Face photo (1 photo) of applicant, Caymanian spouse and any dependants.
- 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 (RERC)**  
**Chief Immigration Officer / The Secretary, Caymanian Status & Permanent Residency Board**

**PERSON MARRIED TO A CAYMANIAN SECTION 31**

This is a summary of general requirements for ALL applicants. The CIO / CS&PR Board reserve 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 completed application form
- Fees**  
Board: CI\$300
- Employment Letter** For both Application and Spouse letter(s) from employer(s) stating your position(s), length(s) of employment and salary(s).  
If not employed - please state same in your cover letter.
- Prescribed Affidavit Form**  
Completed and signed by the Applicant and Spouse in the presence of a JP or Notary Public
- Police Clearance** Valid for six (6) months only
- Medical Questionnaire** no older than three years, blood work no older than 6 months
- 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
- Evidence that Spouse is Caymanian**  
\* See Online Guidelines
- Applicant's Birth Certificate**  
Certified copy of applicant's birth certificate
- Dependant Children**  
Certified copies of birth certificates or adoption orders in respect of any dependant children under the age of eighteen (who are not Caymanians) and whom you wish to have added as your dependants
- [Dependant Information Form](#)  
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, or notarized and signed by the birth mother giving permission for child to reside with father is **not** acceptable.

**References**

Three written references from persons who have known you for at least 3 years. Include 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.

**Photographs** (1 full face with name and date of birth on back) of Applicant, Spouse & any Dependants

**Proof of Identity**

Certified copy of photo and information page of Applicant's, Spouse's and any Dependants' passports

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

\*If the application is successful the Chief Immigration Officer or the Caymanian Status and Permanent Residency Board as the case maybe, shall grant to the applicant a Residency and Employment Rights Certificate for a period of seven years respectively, subject to the stability of the Marriage.

**CHECKLIST FOR RESIDENCY AND EMPLOYMENT RIGHTS CERTIFICATE (RERC)  
(Renewal application)  
PERSON MARRIED TO A CAYMANIAN SECTION 31**

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

- Cover Letter**  
Stating current status of marriage signed by both Applicant and Spouse. In the event the marriage has broken down please provide an explanation and advise if and when you separated from your Caymanian Spouse, advise if divorce proceedings are in progress and why you feel the RERC should be renewed. Please cite any extenuating circumstances such as Caymanian children of the marriage etc., and any relevant information you wish the Board to consider.
- Application Form**  
One completed application form
- Fees** CI\$300
- Evidence of Marital Status**  
Certified copy of marriage certificate
- Copy of Expired RERC**
- Prescribed Affidavit Form** - Completed, signed and dated by the applicant and spouse in the presence of a Justice of the Peace or a Notary Public on the same date.
- Evidence that Spouse is Caymanian** - \* See Online Guideline notes
- 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  
**\*Male applicants please see online guideline notes for additional information**
- Dependant Information Form**  
To be fully completed and submitted together with copies of all necessary documents requested (e.g., lease agreement, utility bills, etc.)
- Photographs** (1 full face with name and date of birth on back) Applicant and any Dependants
- Proof of Identity**  
Certified copy of photo and information page of Applicant's, Spouse's and any Dependants' passports
- Employment Letter** (stating your position, length of employment and salary) Applicant and Spouse.  
If not employed, state same in your cover letter.
- Police Clearance** Valid for six (6) months only, for Applicant and any non-Caymanian Dependants
- References** - Three written references from persons who have known you for at least 3 years. Include 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.
- Medical Questionnaire** - The Medical Questionnaire may be no older than three years, with blood work completed within six months of submission of the application.

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

\*If the application is successful the Caymanian Status and Permanent Residency Board shall grant to the applicant a Residency and Employment Rights Certificate for a period of seven years respectively, subject to the stability of the Marriage.