



IMMIGRATION CAYMAN ISLANDS

APPLICATION FOR A RESIDENCY CERTIFICATE (SUBSTANTIAL BUSINESS PRESENCE)

The completed application form should be sent to the Chief Immigration Officer, Department of Immigration,
PO Box 1098, Grand Cayman KY1-1102, CAYMAN ISLANDS
Retain a copy of all applications and attachments submitted to Immigration.

APPLICATION FORM CONTAINS 8 PAGES

Please choose one option:

Approval-in-Principal of a Residency Certificate (6 months) (RBP)

Renewal for a Residency Certificate (25 years) (RBR)

Residency Certificate (25 years) (RBC)

Do you currently hold an unexpired Approval in Principle Residency Certificate? Yes No

Date of Expiry

PERSONAL DETAILS

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

2. Nationality Country of Birth Date of Birth Male Female

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

4. Address in the Cayman Islands (if already resident)

P.O. Box: Telephone: Email Address:

5. Present address (if different from above)

6. Marital Status Married Divorced Separated Widowed Single

Place and Date of Marriage (if any)

7. Please provide particulars of any dependant(s) whom you wish to accompany you in the Cayman Islands and whom you wish to include in this application

Name	Date of Birth D/M/Y	Nationality	Relationship
<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"/>

8. Please provide particulars of any dependant(s) not already listed at **Question 7**

Name	Date of Birth D/M/Y	Nationality	Relationship
<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"/>

**APPLICATION FOR A RESIDENCY CERTIFICATE
(SUBSTANTIAL BUSINESS PRESENCE)**

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.
Use separate sheet of paper if necessary.

18. Please provide details of your investments or proposed investments in the Islands:

(a) Investment Amount CI\$

(b) Investment Amount CI\$ (c) Percentage of shares owned in company/s

(d) Nature of investment

19. Please provide details of Employees (if applicable) (Use separate sheet of paper if necessary)

Name	Date of Birth D/M/Y	Nationality
<input style="width: 100%;" type="text"/>	D/MMM/YY	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	D/MMM/YY	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	D/MMM/YY	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	D/MMM/YY	<input style="width: 100%;" 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 any 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 _____ Date

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Approved : Approval-in-Principal Residency Certificate -Substantial Business Presence Approved: Residency Certificate - Substantial Business Presence

Deferred Refused

Comments:

Chief Immigration Officer _____ Date (DD/MM/YY) _____



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 8 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; (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 rows for additional tests.

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 []

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[]

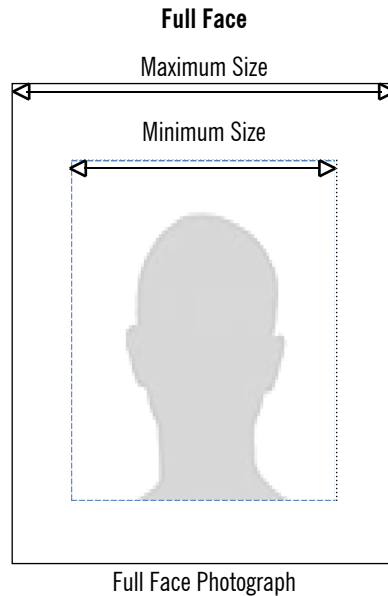


IMMIGRATION CAYMAN ISLANDS

PHOTOGRAPH TEMPLATE - Applicant 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.



Do Not Use Staples!
Photographs may be taped or glued to the picture diagrams.

Instructions:

- 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 - RESIDENCY CERTIFICATE (SUBSTANTIAL BUSINESS PRESENCE) CHECKLIST

This list is a summary of general requirements for all applicants. The Chief Immigration Officer reserves the right to request additional information or documentation as he sees fit.

All Applicants

- Application form duly completed. **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**
- Cover letter addressed to the Chief Immigration Officer with detailed summary of your application (original signature required)
- A non-refundable C.I. \$1,000 application fee upon submission. If approved the issue fee for the Certificate will be CI\$5,000; an annual fee equivalent to that payable by a work permit holder in the same occupation; and if applicable, C.I. \$1,000 for each approved dependant (see online guidelines)
- A certified/notarized copy of your passport picture page 1 full face passport sized photograph
- Original signed and sealed, Police Clearance Certificate, less than 6 months old, from last place of residence. Copy of curriculum vitae/resume
- 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**).
- Evidence of adequate health insurance that is accepted in the Cayman Islands Bank Reference Letters (local or overseas)
- Three written references from persons (not related to applicant or spouse) who have known you for at least 2 years. The referees may be Caymanian or Non-Caymanian. Each reference must be in a sealed envelope, signed across the seal by the referee, with the name of the applicant on the outside.
- A notarized English translation of all documents where the originals are presented in a foreign language

If Applying through Section 37D(1)(a) - Business Ownership

- Proof of ownership of a minimum of 10% shares in an approved category of business (see online guidelines) Proof of purchase or lease of commercial real estate
- Proof of full-time employees who are legally and ordinarily resident for a minimum of 9 months in each calendar year (minimum four (4) employees)
- Proof or Proposal that you will be legally and ordinarily resident for 90 days in each calendar year
- Where the employer is licensed by another body other than the Trade & Business Licencing Board, proof of current license or copy of receipt of payment for the renewal
- Where the Trade & Business or other applicable licence has expired, a copy of the receipt of payment for the renewal

If Applying through Section 37D(1)(b) - Employed in a Senior Management Capacity

- Proof of employment in a Senior Management capacity in an approved category of business, e.g. Proof of annual income, e.g Employment letter

Dependants

- 1 full face passport sized photograph of each dependant
- 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**) for all dependants over the age of 18.
- Notarized/certified copies of Birth Certificates of all dependant children listed on the application.
- Original signed and sealed, Police Clearance Certificate, less than 6 months old, from last place of residence if over 18 years of age.
- Evidence of adequate health insurance that is accepted in the Cayman Islands A certified/notarized copy of Marriage Certificate (if applicable)