



IMMIGRATION CAYMAN ISLANDS

SEZA-R



SPECIAL ECONOMIC
ZONE AUTHORITY
Cayman Islands Government

APPLICATION FOR THE RENEWAL OF A WORK PERMIT (EMPLOYMENT CERTIFICATE)

An application for a Work Permit should be sent to: The Secretary to the Special Economic Zone Authority
Department of Commerce and Investment, Government Administration Building, George Town, Grand Cayman KY1-1101, 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.

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. (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

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

2. Nationality _____ Date of Birth D/MMM/YY Gender Male Female

3. Passport number _____ Date of Issue D/MMM/YY Place of Issue _____ Date of Expiry D/MMM/YY

4. Any other names known by _____ Personal Email Address _____

5. Address _____
District _____ PO Box and KY _____ Phone _____

6. What is your marital status? (certified copy of relevant legal document should be attached, where applicable)
 Single Married Divorced Separated
 Name and Nationality of Spouse (if any) _____

7. Date of expiry of present work permit D/MMM/YY

8. Job title of position being renewed _____

SINCE YOUR PREVIOUS APPLICATION:

9. Have you married, divorced or separated? (certified copy of relevant legal document must be attached) Yes No
 Married : Date D/MMM/YY Divorced : Date D/MMM/YY Separated : Date D/MMM/YY

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



Application For The Renewal of A Work Permit

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.

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
	D/MMM/YY		
	D/MMM/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
	D/MMM/YY				Yes <input type="checkbox"/> No <input type="checkbox"/>
	D/MMM/YY				Yes <input type="checkbox"/> No <input type="checkbox"/>
	D/MMM/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
	D/MMM/YY		

Name	Date of Birth	Location	Verdict and Sentence
	D/MMM/YY		

DECLARATION

I declare the information contained in this application to be correct to the best of my knowledge and belief and I 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.

Print Employee Name	Employee Signature Original signature required, cannot be Agency signature	D/MMM/YY Date (dd/mmm/yyyy)
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Application For The Renewal of A Work Permit

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.

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. (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.

PART 2 - To Be Completed By Employer

1. Name of Employer _____

Trade Name (if different from above) _____

PO Box & KY _____ Telephone _____ Email Address _____

2. Is Permit to be shared? Yes No *NOTE: Permits may only be shared by companies within the Special Economic Zone

If Yes, Name of additional employer _____

PO Box & KY _____ Telephone _____ Email Address _____

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

4. State under which Law business is licenced to operate _____

Expiry date of expiry of current licence Current license number _____

5. Job title of position to be renewed _____

6. What qualifications does the prospective employee possess that are relevant to the job to be filled?

7. How many years of experience does the prospective employee possess that are relevant to the job to be filled? _____

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

9. If you employ non-Caymanians, provide nationality and the number of persons per nationality

Nationality	No of Persons	Nationality	No of Persons



Application For The Renewal of A Work Permit

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.

10. (i). How much will the worker receive 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) will the worker receive? _____

11. (i). If shared, how much will the worker receive 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) will the worker receive? _____

12. For what period is the permit required 1 year 2 years 3 years 4 years 5 years

Under 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 I 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.

Print Primary Employer Name	Primary Employer Signature	D/MMM/YY
		Date (dd/mmm/yyyy)

Print Additional Employer Name (if any)	Additional Employer Signature	D/MMM/YY
		Date (dd/mmm/yyyy)



IMMIGRATION
CAYMAN ISLANDS

WORK PERMIT PAYMENT LOG

Employer

Employee

Occupation

Number of Accompanying Dependents:

WORK PERMIT FEE (for first year only) 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



SUPPLEMENT TO WORK PERMIT APPLICATION

**QUESTIONS RELATING TO THE PROVISION OF PENSION BENEFITS
AND HEALTH INSURANCE (To be completed by the Employer)**

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

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) _____



IMMIGRATION CAYMAN ISLANDS

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.

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

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

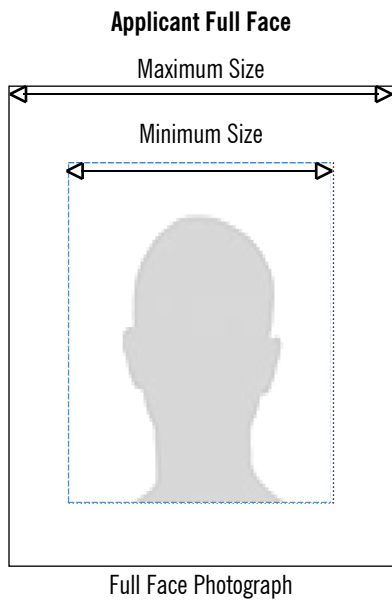
Print Owner/Landlord/Rental Agent Name (if any) _____ Owner/Landlord/Rental Agent (if private dwelling) _____ Date (dd/mmm/yyyy) _____
Original Signature required



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



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

Instructions:

- 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.

WORK PERMIT RENEWAL CHECKLIST

This list is a summary of general requirements for ALL applicants.
The Department of Immigration reserves the right to request additional information or documentation as it sees fit.

- 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.**
- Cover letter signed by Employer** with detailed summary of why the work permit is required - original signature required.
- Correct **work permit fee**, including non-refundable CI\$100 application fee, dependant fee if applicable.
- A full page copy of two **newspaper advertisements** - run consecutively for 2 weeks, with visible dates, including salary range and all other benefits.
- 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 Nationals** provide 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 Dependants (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)