



IMMIGRATION CAYMAN ISLANDS

APPLICATION FOR PERMISSION OR EXTENSION TO RESIDE IN THE CAYMAN ISLANDS AS A DEPENDANT OF A CAYMANIAN

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

Please choose one option:

APPLICATION FORM CONTAINS 9 PAGES

- Application for Permission to reside as a Dependant of a Caymanian (PDC)
- Application for an Extension of Permission to reside as a Dependant of a Caymanian (PDE)

Date of Expiry:

Part 1 - To Be Completed By the Applicant

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) House No.: Street name:

District P.O. Box & KY 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. I am a citizen of the following country(s)

I hold passport(s) of the following country(s)

8. In addition to being a citizen of those countries I am also a permanent resident or entitled to live in the following countries-



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Use separate sheet of paper if necessary.

9. Dates and addresses of all places where you have lived for more than 6 months during the past 10 years, if other than stated in reply to question 5.

From	To	Address
D/MMM/YY	D/MMM/YY	
D/MMM/YY	D/MMM/YY	
D/MMM/YY	D/MMM/YY	

10. Total annual income (CI\$) _____

Sources of income: 1) _____ 2) _____ 3) _____

11. Please provide details of Caymanian relative that you intend to reside with.

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

11a. Address of Caymanian relative above

House Number _____ Street name _____
 District _____ P.O. Box & KY _____ Telephone _____
 Email _____

11b. Do you intend to reside at the above address? If not, please provide intended address.

House Number _____ Street name _____
 District _____ P.O. Box & KY _____ Telephone _____

12. Have you ever had a permit to work refused or permission to reside revoked, or not renewed upon application in any country during the past 10 years?

13. Do you currently have health insurance coverage? Yes No If yes please provide the following:

Name of Provider: _____ Policy #: _____

Are your premiums (payments) up to date? Yes No If no, why not? _____

14. Do you suffer from any communicable disease or infirmity of mind or body? Yes No If yes please provide details:

15. Have you or ever been convicted of a criminal offence in any country? Yes No If yes please provide details:

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 _____ Date (dd/mm/yy) _____



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Use separate sheet of paper if necessary.

PART 2 - To Be Completed By The Caymanian Sponsor

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

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

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

4. Address in the Cayman Islands _____

P.O. Box: _____ Telephone: _____ Email _____

5. Present address (if different from above) _____

6. Marital Status Married Divorced Separated Widowed Single

Place and Date of Marriage (if any) _____

7. Total annual income (CI\$) _____

Sources of income: 1) _____ 2) _____ 3) _____

8. Total monthly expenses (CI\$) _____

9. Please list your existing dependants (Use separate sheet of paper, if necessary).

Name	Date of Birth D/M/Y	Nationality	Relationship
_____	<u> D/MMM/YY </u>	_____	_____
_____	<u> D/MMM/YY </u>	_____	_____

10. What is your relationship to the applicant who is applying as a dependant? _____

11. Will you be responsible for paying health insurance coverage payments for the dependant? Yes No

12. Do you agree to be responsible for any and all expenses incurred by dependant? Yes No

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 _____ Date (dd/mm/yy) _____



IMMIGRATION
CAYMAN ISLANDS

AFFIDAVIT

This affidavit is in support of an application for the grant of permission to reside in the Cayman Islands as the Dependant of Caymanian and is to be completed by the Caymanian Sponsor.

I _____ of _____

make oath and say as follows:-

1. That _____ is wholly dependent upon me. substantially dependent upon me. **Choose one option only**

2. That I will be wholly responsible for him her during their stay in the Cayman Islands.

Signature _____

Date _____

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

Justice of the Peace/Notary Public _____

Warning: It is an offence under the Immigration Law 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.

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

Signature of Caymanian Sponsor

Date (DD/MM/YY)

Signature of Dependant

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 9 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; Yes No
(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

[]

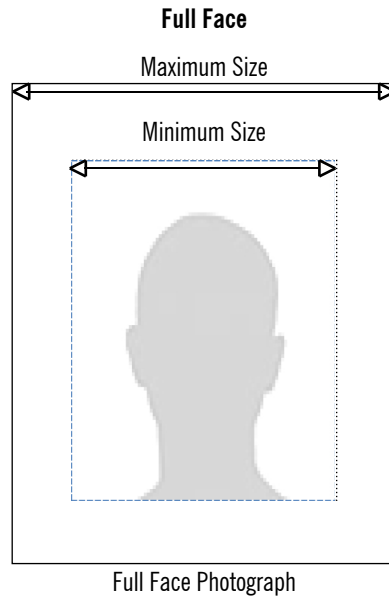


IMMIGRATION CAYMAN ISLANDS

PHOTOGRAPH TEMPLATE - Applicant only

<input type="text"/>		<input type="text"/>		<input type="text"/>	
Surname (Last Names)		Given Names (First Names)		Maiden Name (if applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
File Number (if known)	(Also known as "Work Reference Number")	Application Date	D/MMM/YY	Date of Birth	D/MMM/YY

If application is for a work permit grant, permanent residency or status, 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 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.

**CHIEF IMMIGRATION OFFICER - PERMISSION OR EXTENSION TO RESIDE IN THE CAYMANIAN ISLANDS
AS A DEPENDANT OF A CAYMANIAN 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.

The Applicant

- 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**
- A non-refundable CI \$150 grant or extension application fee Grant or extension fee of CI\$150 and non-refundable repatriation fee of CI\$200
- Cover letter addressed to the Chief Immigration Officer from Caymanian stating detailed reasons why the dependant should reside in the Cayman Islands
- A certified/notarized copy of your Birth Certificate
- Original signed and sealed, Police Clearance Certificate, less than 6 months old, from last place of residence, if 18 years of age or older.
- 1 full face passport sized photograph **AND** 1 profile passport sized photograph (see online guidelines).
- 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 18 years old and over
- Three written references from persons (not related to applicant or spouse) who have known you for at least 3 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
- Proof of adequate health insurance acceptable on island (if applying for an extension, please provide proof of health insurance for the past three (3) years)
- Proof of annual income, if applicable

The Caymanian Sponsor (Part 2)

- 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**
- Proof of being Caymanian
- A certified/notarized copy of your Birth Certificate
- A certified/notarized copy of your Marriage Certificate, if applicable
- Bank Reference Letters (local or overseas) Proof of annual income (Job letter)
- Affidavit of responsibility