



# IMMIGRATION CAYMAN ISLANDS

## CERTIFICATE OF PERMANENT RESIDENCE FOR PERSONS OF INDEPENDENT MEANS

The completed application form should be sent to:

The Chief Immigration Officer, PO Box 1098, Grand Cayman KY1-1102, 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) All information provided will be treated in strictest confidence (ii) Refer to the checklist accompanying this form for additional documents required to process this application. (iii) Use separate sheet of paper, where necessary, to thoroughly answer each question. (iv) Retain a copy of all applications and attachments submitted to Immigration.

APPLICATION FORM CONTAINS 7 PAGES

### PERSONAL DETAILS

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 (if already resident) \_\_\_\_\_

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. 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 |
|-------|-------------------------|-------------|--------------|
| _____ | <u>    D/MMM/YY    </u> | _____       | _____        |
| _____ | <u>    D/MMM/YY    </u> | _____       | _____        |

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

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



Application For A Certificate of Permanent Residence For Persons of Independent Means

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.

9. Have you or any of your dependants ever been convicted of a criminal offence? Yes  No

If yes, please provide details, including dates and sentence \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Assessment**

10. (a) How much is your total annual income? CI\$ \_\_\_\_\_ (b) From where is this income derived? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Please provide the following details concerning your investment in developed real estate in the Islands

(a) Block \_\_\_\_\_ Parcel No. \_\_\_\_\_  
(a) Block \_\_\_\_\_ Parcel No. \_\_\_\_\_  
(b) Amount invested CI\$ \_\_\_\_\_

12. Please provide details of other investments in the Islands:

(a) Nature of investment \_\_\_\_\_ (b) Amount invested CI\$ \_\_\_\_\_

**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 fact which I know to be false or do not believe to be true.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



# 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 7 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; 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

[ ]

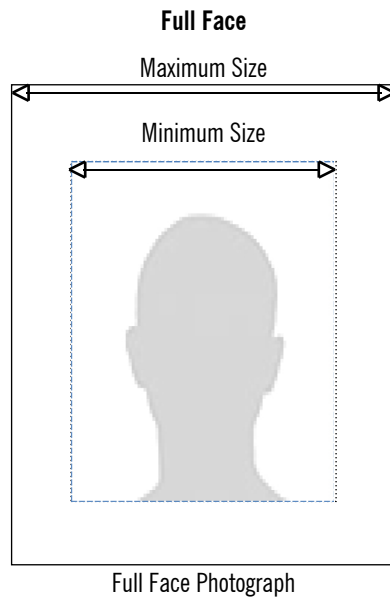


**IMMIGRATION**  
CAYMAN ISLANDS

**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
- 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.



IMMIGRATION  
CAYMAN ISLANDS

**CHIEF IMMIGRATION OFFICER - CERTIFICATE OF PERMANENT RESIDENCE FOR PERSONS OF INDEPENDENT MEANS 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.

- 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
- A non-refundable C.I. \$500 application fee. If approved the issue fee will be CI\$100,000 and, if applicable, C.I. \$1,000 for each approved dependant.
- A certified/notarized copy of your passport picture page
- Original signed and sealed, Police Clearance Certificate, less than 6 months old, from last place of residence.
- 1 full face passport sized photograph
- 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**).
- Bank Reference Letters (local or overseas)       Financial Statement       Proof of annual income
- 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 ownership and investment of CI\$1.6 million in developed real estate (Land transfer/register)
- Evidence of adequate health insurance that is accepted in the Cayman Islands

**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)