



IMMIGRATION CAYMAN ISLANDS

CAYMAN ISLANDS IMMIGRATION LAW

DEPENDANT INFORMATION FORM REQUEST TO INCLUDE DEPENDANTS

This form must be completed if you are requesting any non-Caymanian dependant(s) to accompany you.

The completed application should be sent to:
The Secretary, Caymanian Status & Permanent Residency Board / CIO
PO 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 provided to Immigration.

APPLICATION FORM CONTAINS 8 PAGES

Please select one option only:

- ☐ **A. I am the spouse of a Caymanian** and I wish to include my dependant child(ren) on my application for a RERC
- ☐ **B. I am the spouse of a Permanent Resident** and I wish to include my dependant child(ren) on my application for a RERC
- ☐ **C. I currently possess Residency & Employment Rights** as the surviving spouse of a Caymanian **and I wish to vary** my RERC to include my dependant child(ren)
- ☐ **D. I am now applying for Permanent Residence/Residency & Employment Rights Certificate** and I wish to **include** my dependant(s)
- ☐ **E. I currently possess Permanent Residence/Residency & Employment Rights Certificate** and I wish to **vary** my RERC to include dependant(s)
- ☐ **F. I am currently on Permission to Continue Working** and I wish to **include** my dependant(s)

I wish to add my (choose all that apply): Spouse ☐ Child(ren) ☐

PERSONAL DETAILS OF APPLICANT

1. Last Name (Surname) First Name(Given name) Maiden Name
2. Nationality Date of Birth Place of birth
3. Are you currently employed? Yes ☐ No ☐
4. If yes, what is the name of your employer?

PERSONAL DETAILS OF SPOUSE (Skip this section if you are applying under A or B above)

5. Is your spouse Caymanian? Yes ☐ No ☐ Date of Birth Place of Birth
6. If no, what is spouses Nationality?
7. Last Name (Surname) First Name(Given name) Maiden Name
8. Is your spouse currently employed? Yes ☐ No ☐
9. If yes, what is the name and address of spouse's employer?



DEPENDANT INFORMATION FORM

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DETAILS OF DEPENDANTS

Non-Caymanian Dependants

Important note: If Applicant is male - your request cannot be considered if you do not have proof of full legal custody of your dependant(s). If you were not married to mother of child(ren) at the time of their birth you must provide original DNA to prove paternity.

10. Do you have any non-Caymanian dependants whom you wish to be added to your Residency & Employment Rights Certificate? Yes ☐ No ☐

If yes, provide details below.

Name	Gender M/F	Date of Birth	Nationality	Relationship	Is your spouse the biological parent?
SPOUSE		DD/MM/YY			
CHILD #1		DD/MM/YY			Yes <input type="checkbox"/> No <input type="checkbox"/>
CHILD #2		DD/MM/YY			Yes <input type="checkbox"/> No <input type="checkbox"/>

11. Has this dependant ever been charged or convicted in a court of law of a criminal offence in any country? If yes, please provide details.

Yes	No	Nature of offence	Date	Location	Verdict and Sentence
<input type="checkbox"/>	<input type="checkbox"/>	SPOUSE	DD/MM/YY		
<input type="checkbox"/>	<input type="checkbox"/>	CHILD #1	DD/MM/YY		
<input type="checkbox"/>	<input type="checkbox"/>	CHILD #2	DD/MM/YY		

12. Has this dependant ever been required to pay an administrative fine for an offence in the Cayman Islands or other country, other than for a traffic offence? If yes, please provide details:

Yes	No	Nature of fine	Date	Location	Amount (CI\$)
<input type="checkbox"/>	<input type="checkbox"/>	SPOUSE	DD/MM/YY		
<input type="checkbox"/>	<input type="checkbox"/>	CHILD #1	DD/MM/YY		
<input type="checkbox"/>	<input type="checkbox"/>	CHILD #2	DD/MM/YY		

13. Has this dependant ever been sanctioned by a professional ethics body, licensing board or any other regulating body? If yes, please provide details.

Yes	No	Nature of sanction	Date	Location	Reasons
<input type="checkbox"/>	<input type="checkbox"/>	SPOUSE	DD/MM/YY		
<input type="checkbox"/>	<input type="checkbox"/>	CHILD #1	DD/MM/YY		
<input type="checkbox"/>	<input type="checkbox"/>	CHILD #2	DD/MM/YY		



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14. Is this dependant in good physical and mental health? If no, please provide details.

Yes ☐ No ☐ Nature of ill health (inferior health or impairment)

☐ ☐ SPOUSE

☐ ☐ CHILD #1

☐ ☐ CHILD #2

If no, does dependant have insurance coverage? Yes ☐ No ☐

If yes, what is the name of the insurance company?

Address of insurance company Telephone number

What is the policy number?

15. For each dependant being added, state where and with whom each dependant currently resides.

Name of Guardian, if applicable	Relationship of Guardian (to dependant), if applicable	Full Address (Street address & Country)	Is dependant currently in the Islands?
SPOUSE			Yes <input type="checkbox"/> No <input type="checkbox"/>
CHILD #1			Yes <input type="checkbox"/> No <input type="checkbox"/>
CHILD #2			Yes <input type="checkbox"/> No <input type="checkbox"/>

Questions #16 and #17 ARE TO BE COMPLETED BY MALE APPLICANTS ONLY

16. Are you married to the mother of this child?	If yes, is the mother of this child currently your dependant?	If no, please provide explanation of why you are requesting to add this child as your dependant?
CHILD #1 Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
CHILD #2 Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

17. Please provide detailed information in respect of childcare arrangements in the islands, if your request is approved.

***If you are applying as the spouse of a Permanent Resident or spouse of a Caymanian or a new applicant for permanent residence, skip question 17 and 18.**

18. Was/were the child(ren) being added at this time declared on your original RERC application form?

Yes ☐ No ☐ If no, please explain why not

☐ ☐ CHILD #1

☐ ☐ CHILD #2



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19. Do you have any current dependant(s) that were previously included on your RERC application? Yes ☐ No ☐ If yes, please list details below.

Name	Gender M/F	Date of Birth	Nationality	Relationship
		DD/MM/YY		
		DD/MM/YY		
		DD/MM/YY		
		DD/MM/YY		

Dependants with Caymanian Spouse or other Caymanian person (If applicable)

20. Do you have any Caymanian children? Yes ☐ No ☐ If yes, how many?

*If you are not the spouse of a Caymanian, please skip Question #21

21. Do you have children with your Caymanian spouse? Yes ☐ No ☐ If yes, how many? Please list details below.

Name of child(ren)	Gender M/F	Date of Birth	Country of Birth
		DD/MM/YY	
		DD/MM/YY	

Where and with whom does Caymanian children currently reside?.

Name of Guardian	Relationship of Guardian (to dependant)	Telephone/Cell

Full Address (Street address & Country)	P.O. Box & KY

Personal Email	Employer

22. Do you have children by any other Caymanian person? Yes ☐ No ☐ If yes, how many. Please list details below.

Name of child(ren)	Gender M/F	Date of Birth	Country of Birth
		DD/MM/YY	
		DD/MM/YY	

Name of Caymanian parent	Gender M/F	Date of Birth	Country of Birth
		DD/MM/YY	



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Where and with whom does child(ren) currently reside? Please provide full contact details of Caymanian parent or guardian:

Name of Guardian Relationship of Guardian (to dependant) Telephone/Cell

Full Address (Street address & Country) PO Box & KY

Personal Email Employer

23. Does your **spouse have** Caymanian children under age eighteen for which you, the applicant, are **not** the parent? Yes ☐ No ☐

If yes, how many. Please list details below.

Name	Gender M/F	Date of Birth	Country of Birth	Age
		DD/MM/YY		
		DD/MM/YY		

Where and with whom does child(ren) currently reside? Please provide full contact details of Caymanian parent or guardian.

Name of Guardian Relationship of Guardian (to dependant) Telephone

Full Address (Street address & Country) PO Box & KY

Personal Email Employer

ACCOMMODATION

Please provide the following details of your current living arrangements

24. Type of Building: Single Family Dwelling - House ☐ Apartment ☐ Town House ☐ Condominium ☐ Boarding Room/House ☐

25. How many rooms are available for the applicant and his/her family?

Bedrooms Bathrooms Living Rooms Kitchens Other

26. How many persons currently reside in your home including yourself?

What is their relationship to you?

27. Will any of these rooms be shared with other occupants of the dwelling? Yes ☐ No ☐ If Yes, how many? Please provide details:



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28. This accommodation is: Owned by the Applicant ☐ Owned by the Caymanian Spouse ☐
Rented by the Applicant ☐ Rented by the Caymanian Spouse ☐ If rented, please skip to Question 29

Physical address

Block and Parcel number

District

Note: A certified copy of the Land Register evidencing ownership must be attached. If home is owned by Caymanian spouse's relative, a copy of the Land Register must be provided and accompanied by a letter from the homeowner explaining living arrangements and financial contributions if any. A copy of homeowner's identification (passport data page) must be provided to confirm identity and signature on letter.

29. If Rented, the name and address of the Landlord is: Name of Landlord

(i) House No

(ii) Street name

(iii) District

30. If Rented, what is the period of lease?

31. If Rented, the name and address of the Landlord is: Name of Landlord

(i) House No

(ii) Street name

(iii) District

(iv) PO Box

(v) Telephone

(vi) Email Address

FINANCES (INCOME & EXPENDITURE)

32. Do you receive any other additional regular financial support for your child(ren)? Yes ☐ No ☐

If Yes, how much? per month ☐ week ☐ annum ☐ other ☐ if other, please explain

(*Evidence of any legal obligations such as copy of ancillary divorce documentation, Court Order re child support etc. must be provided)

Please list all sources of financial support on the attached *Monthly Income & Expense Report*.

Signature of Applicant (not agent)

Date (dd/mm/yyyy)

Signature of Spouse (if applicable)

Date dd/mm/yyyy

Monthly Income and Expense Report

Please provide a breakdown of your **combined** monthly household and living expenses and income together with current employment letter of applicant and spouse, if applicable.

Monthly Expenses	CI\$
Mortgage/Rent	
Electricity	
Telephone/Cellular	
Water	
Domestic Helper	
School Fees	
Car Loan	
Bank Loan(s)	
Vehicle (Gas/ Maintenance	
Credit Cards	
Savings	
Insurance	
Groceries	
Entertainment	
Household Misc.	
Child Support (Maintenance)	
Other Expense	
Other Expense	
Other Expense	
Other Expense	
Total Expenses	

Monthly Income	
Salary	
Rental Income	
Property Income	
Governmental Assistance	
Pension/Retirement Income	
Child Support (Maintenance)	
Seaman's Benefit	
Investment Income	
Other Income	
Other Income	
Other Income	
Other Income	
Other Income	
Total Income	

DECLARATION

To be completed by Applicant and Spouse *(if applicable)*

I, the Applicant do hereby declare as follows:

- (a) that the above information contained in this Dependant Information Form is correct to the best of my knowledge and belief;
- (b) I attest that my/our combined monthly income is sufficient to financially maintain and support all the declared household members and dependants listed on this; and
- (c) that I am aware that it is a criminal offence to make a 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 (no agent)

Date
(dd/mm/yyyy)

I, _____ being the spouse of the Applicant do declare as follows:
(Print name clearly)

- (a) I fully support my spouse's application to include his/her/our child(ren) as dependant(s) on his/her Residency & Employment Right Certificate and that I together with spouse undertake to be financially responsible for such dependant(s) day to day necessities (food, clothing, shelter, etc.) educational and medical needs during their stay in the Islands;
- (b) I attest that our combined monthly income is sufficient to financially maintain and support all the declared household members and dependants listed on this form;
- (c) I declare that the information provided above in respect of our combined household expenses is true and correct;

I, the undersigned person further declares as follows:

- (d) that the above information contained in this Dependant Information Form is correct to the best of my knowledge and belief; and
- (e) that I am aware that it is a criminal offence to make a 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 Spouse

Date dd/mm/yyyy