



WORC

WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

REQUEST TO WITHDRAW / CANCEL / REFUND AN APPLICATION

NOTE: Refunds can be given by Direct Deposit request or by Collecting a cheque, but collecting a cheque will result in a delay as checks are processed once a week and pick up between 9am - 1pm Mon - Fri

DO NOT USE LIQUID PAPER OR CORRECTION TAPE, IF AN ERROR IS MADE CROSS OUT AND INITIAL THE CHANGE(S) OR USE A FRESH PAGE

Withdraw Refund Cancel Direct Deposit Pick Up

PERSONAL DETAILS OF APPLICANT

Applicant/Employee Name as it appears in Passport

Surname (Last Name) _____ Maiden Name _____ Given Names (First Names) _____
Nationality _____ Date of Birth _____ Worker Reference No _____

EMPLOYMENT INFORMATION

Primary Employer Name Company Individual _____
Contact Name _____ Phone _____
P.O. Box _____ KY Code _____ Email _____

CANCELLATION DETAILS

Note: If there is a formal complaint with the cancellation, please attach separately. If there is a formal complaint with the cancellation, please attach separately &/or send to WorcComplaints@Gov.Ky

Explain below or use separate sheet of paper, if necessary

Effective Date to Cancel/Withdraw Application _____

Reason for Cancellation/Withdrawal/Refund. Provide further explanation, if applicable.

I hereby cancel this application.

All cancellations must include clear copy of photo ID

Name - Print

Signature (Original signature - Not Agency)

Date

IMPORTANT INFORMATION

If requesting refund to be returned in a name different from that on the original receipt, your request must be in writing and the following documents must be submitted:

Sole Traders

Must submit copy of their Trade & Business License along with copy of Picture ID

Companies

Must submit copy of their stamped Annual Return & current Trade & Business License

If multiple persons are listed on the T&B or Annual Return, then each person must submit in writing that they are in agreement to a refund in a single person's name.

OFFICIAL USE ONLY

	Account	Refund Due:	Amount
Application Type _____	_____	_____	_____
Receipt Date _____	_____	_____	_____
Receipt Number _____	_____	_____	_____
Refund Payable To _____	_____	_____	_____
Refund Authorised By _____	_____	Date _____	_____