WORC

WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

REQUEST TO WITHDRAW / CANCEL / REFUND AN APPLICATION

NOTE: Refunds may be issued by direct deposit or cheque. Please note that cheque payments may be delayed, as cheques are processed weekly and are available for collection between 9:00 a.m. and 3:00 p.m. on Tuesdays and Thursdays. If a cheque is collected by a third party, a written authorization and valid identification for both the recipient and the authorized collector must be presented at the Customer Care front desk.

Refund applications should be submitted to WORC-Refunds@gov.ky

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

Note: Please provide your current phone number, PO Box, or email address, where we may contact you.

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 &/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

Application Type _____ **Refund Due:** **Account** _____ **Amount** _____

Receipt Date _____

Receipt Number _____

Refund Payable To _____

Refund Authorised By _____ Date _____

Cayman Islands Government

Local Supplier Setup & Maintenance Form

Section 1 - **We ask that applicants only complete Section 1 of this Local Supplier Setup & Maintenance Form**
Please submit with the required supporting documents - *see overleaf*. *The data provided is solely to assist the Cayman Islands Government in fulfilling its legal obligations to the data subject.*

Section 2 To be completed by the requesting Department and returned with the supporting documents via TSYsuppliersetup@gov.ky.

The completed form must be submitted to Treasury within 5 business days of the required payment date.
Note: **Incomplete forms will be returned to the Department**.

SECTION 1 – SUPPLIER DETAILS

1. REQUEST TYPE

New ☐
Amendment to Existing Suppler ☐ Existing Supplier Number

2. SUPPLIER DETAILS

Individual

Name
Date of Birth
Valid Government ID Number *(select one)*
Driver's License ☐ Passport ☐ Voter Registration Card ☐ Other ☐

Company

Company Name
Trade & Business Licence Reference Number

Address

Street Address 1
Street Address 2
P.O. Box Postal Code KY

3. CONTACT INFORMATION

Contact Name
Contact Number
Remittance E-mail Address

4. SUPPLIER BANK DETAILS - *Electronic Funds Transfer Payment*

Bank Name
Account Name *(must match individual or company name)*
Account Number Transit Number *(Scotia & Royal Bank account holders only)*
Account Type *Savings* ☐ *Chequing* ☐

SECTION 2 – CIG REQUESTING DEPARTMENT

Ministry/Portfolio/Office
Department Name
Department Details 3-Letter Code Org Number Cost Centre

Account Type Entity ☐ Executive ☐
Purpose Pay ☐ Purchase ☐
Payment Method Electronic Funds Transfer ☐ Cheque ☐
Terms of Payment Immediate ☐ 14 Days ☐ 21 Days ☐ 30 Days ☐

Bill To (Department/Unit)

Ship to Location (Department/Unit)

It is the responsibility of the authorized signatory, with the guidance of the Chief Financial Officer, to confirm that the information provided above is accurate and include evidence supplied by the individual or company in support thereof. All data collected and processed should be managed and stored in accordance with the Cayman Islands Data Protection Act 2021 (DPA).

Authorised Signatory

Name Job Title
Signature Date Ext. Number

REQUIRED SUPPORTING DOCUMENTS – COPY

Individual - Supplier

- Valid CIG issued ID (Driver's License, Voter Registration Card, or Passport picture page)
- Notarized Letter of ID Verification; (only in the absence of CIG issued ID) – *i.e. Social Benefit Recipients*
- Bank Statement Header ***must include*** bank logo and name, your account number and/or cashed cheque
- Marriage Certificate or Deed Poll (only for name change)

Company - Supplier

- Trade & Business Licence
- Company's Letterhead or Invoice or Website URL (*where applicable*)
- Bank Statement Header - ***must include*** bank logo and name, your account number and/or cashed cheque

Other - Supplier

- Official Sponsorship Letter – ***must include*** Organisation's letterhead or Invoice or Website URL (*where applicable*)
- Other *(e.g. scholarships, donations)* – ***must include*** Organisation's letterhead or Invoice or Website URL (*where applicable*)

- ***As Applicable - Certificate of***:

Incorporation
Good Standing
Merger
Licence to Operate a Tourist Accommodation
Operations
Name Change
Non-Profit Registration of Exempted Limited Partnership
Registration of Non-Profit Organisation

TREASURY USE ONLY

Supplier Number
Processed by Date
E-mail Confirmation to Requesting Department ☐ Date
Verified By Date