



WORC

WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

ANNUAL DECLARATION FOR HOLDER OF A RESIDENCY CERTIFICATE

Substantial Business Presence

This declaration must be submitted to the Director of WORC annually between 1 and 31 December or, where the Certificate has been varied to allow the right to work, at the same time as the prescribed fee is being paid.

I _____ born _____ in _____
Name as it appears on Certificate Date of Birth Country of Birth

a holder of a Residency Certificate (Substantial Business Presence) since _____, make oath and declare as follows:
Date of Certificate

1. Since the date upon which I was granted a Residency Certificate (Substantial Business Presence), or since my last annual declaration, whichever is later,
 - (a) I have maintained at least the prescribed level of local investment, that is:
 - (i) I own, either directly or indirectly, a minimum of ten percent of the shares in an approved category of business¹ through which I have established a substantial business presence in the Cayman Islands, or
 - (ii) I have proved to the satisfaction of the Director or WORC that I am employed in a senior management capacity of an approved category of business* in Cayman.
 - (iii) through the purchase or lease of commercial real estate, my business(es) has(have) established and maintain(ed) a physical presence in the Islands.
 - (iv) my business(es) employ a minimum of four full-time employees who are legally & ordinarily resident in the Islands for a minimum of nine months in the past calendar year.
 - (b) my permission to operate or work in the business has not been lost as a result of the revocation or non-renewal of a required license(s).
 - (c) none of my business licence(s) have been revoked.
 - (d) neither I, nor my dependants (if applicable), have been convicted of an offence in the Cayman Islands or in another jurisdictions other than a traffic offence.
 - (e) I have sufficient financial resources to adequately maintain myself and my dependants.
 - (f) I have not become a destitute person. **
 - (g) I have possessed, and continue to possess, adequate health insurance coverage for myself and my dependants.
 - (h) I have not suffered, and am not suffering from, a communicable disease.
 - (i) I do not have residing with me in the Cayman Islands any dependants(s) who was not/were not authorised previously.
 - (j) I have not become mentally disordered or mentally defective as defined in the Mental Health Law.
 - (k) I am not a prostitute and am not living on, or receiving, the proceeds of prostitution.
 - (l) I have not organised or engaged in subversive political activity, or organised, caused or promoted racism within the Cayman Islands or elsewhere.
 - (m) I was physically resident in the Cayman Islands for a minimum of ninety days aggregate in the preceding calendar year.

* "approved category of business" are listed in the Immigration (Transition) Regulations, 2019.

** "destitute person" means a person who is, or is likely to be, a charge on public funds by reason of mental or bodily ill-health or insufficiency of means to support himself and his dependants, if any.

Important: If you are unable to make any of thirteen statements, or their sub-statements, in paragraph 1 without making a false statement you must provide an explanation to the Director of WORC in writing without delay.

Warning: It is an offence under the Caymanian Protection Act (2022 Revision) 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 they know to be false or which they do not believe to be true. A person found guilty of this offence is liable on summary conviction to a fine of \$10,000.00, imprisonment for one year, or both. Furthermore, providing false information in relation to their annual declaration, or failing to submit this Declaration annually, are grounds for revocation of your relevant certificate.

Signature of Declarer

Date (DD-MM-YY)

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

Name

Justice of the Peace/Notary Public

Signature

Seal