



WORC

WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

WORK PERMIT AMENDMENT - APPLICATION TO ADD OR REMOVE DEPENDANT(S)

Completed application for a work permit should be addressed to: The Director of WORC, P.O. Box 1098, Grand Cayman KY1-102, 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.

NOTES: (i) Use separate sheet of paper if necessary. (ii) All correspondence regarding this application will be sent to the email address provided in the "Current Employer Information" section. If an Agent is acting on behalf of the employer, please provide the Agent's email address in this section.

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

Please select one option only (if more than one amendment is required, you must submit a separate application and fee for each type):

☐ I wish to add a Dependant (A)

☐ I wish to remove a Dependant (B)

APPLICANT DETAILS

1. Surname (Last Name) _____ Given Names (First Names) _____ 2. Date of Birth _____
3. Employer's Name (if applicable) _____
4. Employer's Email Address _____

A. ADD DEPENDANT(S)

Dependant(s) name(s)	Date of Birth	Nationality	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Please give reasons for wishing to add dependant(s): _____

Please give details of, Your monthly income/hourly rate _____ Your spouse's monthly income/hourly rate _____

THESE QUESTIONS MUST BE ANSWERED FOR EACH DEPENDANT LISTED ABOVE.

Name of Dependant (1): _____

(i). Has this dependant ever been arrested or charged with a criminal offence in any country? ☐ Yes ☐ No
If you answered yes, please provide details below:

Nature of Offence	Date	Location	Verdict and Sentence
_____	_____	_____	_____
_____	_____	_____	_____

(ii). Has this dependant ever been convicted in a court of law of a criminal offence in any country? ☐ Yes ☐ No
If you answered yes, please provide details below:

Nature of Offence	Date	Location	Verdict and Sentence
_____	_____	_____	_____
_____	_____	_____	_____

(iii). 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 you answered yes, please provide details below: ☐ Yes ☐ No

Nature of Fine	Date	Location	Amount (CI\$)
_____	_____	_____	_____
_____	_____	_____	_____

(iv). Has this dependant ever been sanctioned by a professional ethics body, licensing board or any other regulating body? If you answered yes, please provide details. ☐ Yes ☐ No

Nature of Sanction	Date	Location	Reasons
_____	_____	_____	_____
_____	_____	_____	_____

APPLICATION TO ADD OR REMOVE DEPENDANT(S)

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.

Name of dependant (2): _____

(i). Has this dependant ever been charged with a criminal offence in any country? ☐ Yes ☐ No
If you answered yes, please provide details below:

Nature of Offence	Date	Location	Verdict and Sentence
_____	_____	_____	_____
_____	_____	_____	_____

(ii). Has this dependant ever been convicted in a court of law of a criminal offence in any country? ☐ Yes ☐ No
If you answered yes, please provide details below:

Nature of Offence	Date	Location	Verdict and Sentence
_____	_____	_____	_____
_____	_____	_____	_____

(iii). 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? ☐ Yes ☐ No
If you answered yes, please provide details below:

Nature of Fine	Date	Location	Amount (CI\$)
_____	_____	_____	_____
_____	_____	_____	_____

(iv). Has this dependant ever been sanctioned by a professional ethics body, licensing board or any other regulating body? ☐ Yes ☐ No
If you answered yes, please provide details.

Nature of Sanction	Date	Location	Reasons
_____	_____	_____	_____
_____	_____	_____	_____

B. REMOVE DEPENDANT(S)

Dependant(s) name(s)	Date of Birth	Nationality	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Please give reasons for wishing to remove dependant(s): _____

DECLARATION

I declare that the information provided above by me is true and correct and I understand and accept that if it is proven that I have made a false statement I am liable on conviction to a fine of CI\$5,000 and imprisonment for one year. By signing below I also understand and accept that if this application is approved any and all conditions contained in the Temporary Work Permit must be complied with.

Employee's Signature

Date (DD/MM/YYYY)

Primary Employer's Signature

Date (DD/MM/YYYY)

WORK PERMIT AMENDMENT CHECKLIST TO ADD OR REMOVE DEPENDANT(S)

THIS LIST IS A SUMMARY OF GENERAL REQUIREMENTS FOR ALL APPLICANTS. THE DEPARTMENT RESERVE THE RIGHT TO REQUEST ADDITIONAL INFORMATION OR DOCUMENTATION AS DEEMED NECESSARY.

- ☐ Application form duly completed, signed and dated by employee and employer on each page.
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.
- ☐ Non-Refundable Administrative fee of:
 - CI \$150 (where the annual work permit fee is \$2,100 or less);
 - CI \$250 (where the annual work permit fee is \$2,100-\$10,400); or
 - CI \$500 (where the annual work permit fee is more than \$10,400).

IF ADDING A DEPENDANT UNDER THE AGE OF 18

- ☐ Certified Copy of birth certificate
- ☐ Copy of passport bio-data page
- ☐ A letter from a **local school** confirming acceptance/attendance
- ☐ Employment Letter from both parents including hours worked per week, monthly income and other benefits received.

IF ADDING A DEPENDANT OVER THE AGE OF 18

- ☐ Certified Copy of birth certificate
- ☐ Copy of passport bio-data page
- ☐ Copy of marriage certificate/civil partnership certificate, if applicable
- ☐ If full-time student, a letter from attending **school** confirming acceptance/attendance
- ☐ Employment Letter including hours worked per week, monthly income and other benefits received.
(You may submit an employment letter for your spouse if you feel it will aid your application.)
- ☐ Original signed and sealed, Police Clearance Certificate, less than 6 months old, from last place of residence
- ☐ Original Medical Declaration Cover Letter, may be no older than one year old at date of submission

IF APPLICANT IS THE FATHER, IS UNMARRIED, AND ADDING A CHILD AS A DEPENDANT

- ☐ Proof of legal custody of the child
- ☐ Copy of passport bio-data page
- ☐ Employment Letter from father's employer including hours worked per week, monthly income and other benefits received.
- ☐ A letter from a **local school** confirming acceptance/attendance

***Please note if application is approved the dependant fee and non-refundable repatriation fee is due.**

REMOVING A DEPENDANT

- ☐ Application fully completed, signed and dated by applicant and employer
- ☐ Documentation supporting removal of dependant (i.e. divorce decree / Legal document of separation)