

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. (for Grand Cayman Applications)
OR

The Secretary to the Work Permit Board, P.O. Box 1098, Grand Cayman KY1-1102, CAYMAN ISLANDS. (for Grand Cayman Applications)
OR

The Secretary to the Business Staffing Plan Board, P.O. Box 1098, Grand Cayman KY1-1102, CAYMAN ISLANDS. (for Grand Cayman Applications)
OR

The Secretary to the Cayman Brac and Little Cayman Immigration Board, Government Administration Building,
P.O. Box 240, Cayman Brac KY2-2101, Cayman Islands. (for Cayman Brac and Little Cayman Applications)

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) If the employer / additional employer is a company; all communication will be sent to the contact information associated with the company's Trade & Business License as held by the Department of Commerce and Investment.

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

APPLICATION FORM CONTAINS 3 PAGES

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. Last Name 2.. First Name 3. Date of Birth

4. Employer's Name (if applicable)

A Add dependant(s)

Dependant(s) name(s)	Date of Birth	Nationality	Relationship
<input type="text"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>

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 charged or convicted in a court of law of a criminal offence in any country? Yes No If you answered yes, please provide details.

Nature of offence	Date	Location	Verdict and Sentence
<input type="text"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>

(ii). 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.

Nature of fine	Date	Location	Amount (CI\$)
<input type="text"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD/MM/YY"/>	<input type="text"/>	<input type="text"/>

AMENDMENT - 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.

(iii). 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
	DD/MM/YY		
	DD/MM/YY		

Name of dependant (2): _____

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

Nature of offence	Date	Location	Verdict and Sentence
	DD/MM/YY		
	DD/MM/YY		

(ii). 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 offense? Yes No

If you answered yes, please provide details.

Nature of fine	Date	Location	Amount (CI\$)
	DD/MM/YY		
	DD/MM/YY		

(iii). 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
	DD/MM/YY		
	DD/MM/YY		

B Remove dependant(s)

Dependant(s) name(s)	Date of Birth	Nationality	Relationship
	DD/MM/YY		
	DD/MM/YY		

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

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.

Applicant's signature _____ Date (dd/mm/yy) _____

Employer's signature _____ Date (dd/mm/yy) _____

Amendment Form 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.

- Administrative non-refundable fee of C.I. \$100, (please note dependant & non-refundable, repatriation fee is payable if approved, not at time of application)
- Application form duly completed, signed and dated by **applicant and employer (if applicable)**. **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.**

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**

- Income and expense report (if combined monthly salary falls below C!\$3,500)

REMOVE DEPENDANT

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