

APPLICATION FOR THE GRANT OF A BUSINESS VISITORS PERMIT

An application for a Business Visitors Work Permit should be addressed to: The Director of WORC, PO Box 1098, Cayman Islands, KY1-1102 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) Refer to the checklist accompanying this form for additional documents required to process this application. (ii) Use separate sheet of paper, where necessary, to thoroughly answer each question. (iii) Retain a copy of all applications and attachments provided to the WORC Department. (iv) 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.

						APPLICATION F	FORM CONTAINS 5 PAGES
PART 1 - To Be Co	ompleted By Emplo	oyee					
1. Surname (Last Name)		М	aiden Name		Given Names (First	Names)	
2. Nationality				Date of Birth	DD/MM/YY	Gender Male 📃	Female
3. Passport No		Date of Issue	DD/MM/YY	Place of Issue		Date of Expiry	DD/MM/YY
4. Street Address							
Country		Mailing Add	lress				
Telephone							
Do you have an Ema	il Address? Yes [No	If Yes, provide Email Add	ress			
5. Is English your native	language? Yes [No	If No, what is your nativ	e language?			
Do you speak Englisl	h? Yes [No					
Do you write English	? Yes [No					
					t will be required to underta		
					e up employment in the Ca		
			than 6 months during the	e past 10 years o	ther than stated in reply to	question 4.	
From	То	Address					
DD/MM/YY	DD/MM/YY						
DD/MM/YY	DD/MM/YY						
7. Position to be filled?							
8. What professional or t	echnical qualifications do	you have for this	position?				

9. How many years of experience do you have that are relevant to this position? _____ Years

RVP



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10.	. Have you ever been charged or convicted of a criminal offence in any country? Yes 🔲 No 🔲 If Yes, provide details of ALL offences.							
	Nature of offence	Date	Location		Verdict and Sentence			
		DD/MM/YY						
		DD/MM/YY						
11. Have you ever been deported from or refused entry to								
(a) the Cayman Islands Yes No If Yes, provide details								
	(b) any other Country Yes No If Yes, provide details							
12.	12. Have you ever been actively involved in politics in or outside the Cayman Islands? Yes 🔲 No							
	If Yes, provide details including dates of such activities.							
13. Have you ever had a permit to work refused, revoked or not renewed upon application in any country during the past 15 years? Yes 🔲 No 📃								
	If Yes, when, where and for what reasons?							
14.	Are you in good physical and men	e you in good physical and mental health? Yes 🔲 No 🔄 If No, provide details						

DECLARATION

I declare the information contained in this application to be correct to the best of my knowledge and belief and am aware that it is a criminal offence to make a statement or representation that is false in a material fact which I know to be false or do not believe to be true.

In accordance with Section 56(4)(b) of The Immigration (Transition) Law 2018, I hereby agree to submit to being Fingerprinted/Palm-printed for the purpose of identity verification and criminal checks domestically and internationally.

Signature of prospective worker

Date (DD/MM/YY)



PART 2 - To Be Completed By Employer

1. Name of employer or employing company						
Trade name (if different from above)						
2. Nationality (if applicable)	Date of Birth (if applicable)					
3. Postal Address including Postal Code						
4. Telephone (Work) Telephone (Home)						
Do you have an e-mail Address? Yes 📄 No 📄 If Yes, provide Email Address						
5. Nature of business (or occupation of employer)						
6. State under which law business is licensed to operate						
Expiry date of business licence DD/MM/YY License No						
7. State Job title for required position and provide description of duties and responsibilities.						
8. What skills, qualifications and experience are required for this position?						
9. How much is the worker receiving in salary or wages?						
What is the minimum number of hours the employee will be required to work?						
What other benefits, (if any) does the worker receive?						
10. Please explain the need for this worker. (A cover letter may also be submitted.)						
11. What is the maximum number of times PER CALENDAR YEAR that you will require the employee to visit? TWO VISITS PER YEAR IS MINIMUM FOR BVP!						
12. What is the maximum duration of the stay during each visit?						
DECLARATION						
I declare the information contained in this application to be correct to the best of my knowledge and belief and am aware that it is a criminal offence to make a statement or						
representation that is false in a material fact which I know to be false or do not believe to be true.						
Signature of Employer Da Agency Signature not acceptable Da	te (DD/MM/YY)					
Signature of Additional Employer (if applicable)	ite (DD/MM/YY)					
Agency Signature not acceptable						



BUSINESS VISITORS PERMIT PAYMENT LOG

1. Name of Employer					
2. Name of Business Visitor					
3. Business Visitor's Occupation					
	Note: Use a separate applica	tion form for each person request	ing a Business Visitors Permit.		
4. Number of visits requested in the calendar year for which this application is being made? TWO VISITS PER YEAR IS MINIMUM FOR BVP!					
5. Multiply the number of visits per calendar year by the appropriate fee in this table					
		Grand Cayman Fee	Cayman Brac/Little Cayman Fee		
Annual Work Permit fee in the range of Cl \$10,401 - \$32,400		CI \$750.00 per visit	CI \$562.50 per visit		
Annual Work Permit fee in the range of CI \$2,101 - \$10,400		CI \$375.00 per visit	CI \$281.25 per visit		
Annual Work Permit fee up to CI \$2,100		CI \$150.00 per visit	Cl \$112.50 per visit		
		All \$ figures in Cayman Islands Do	ollars		
	(Visits x Fee) SUB-TOTAL				
Add an a	dministrative filing fee of CI\$50				
	TOTAL FUNDS SUBMITTED				
Payment method: Cash,	/Cheque (delete as appropriate)		Cheque No (if Cheque)		



BUSINESS VISITORS PERMIT - CHECKLIST

 This list is a summary of general requirements for ALL applicants. The Director of WORC reserves the right to request additional information or documentation as he sees fit.

 Application form duly completed, signed and dated by employee and employer. 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.

 Cover letter signed by Employer with detailed summary of why the Business Visitors permit is required.

 A minimum of 2 visits per calendar year are required to qualify for a Business Visitor Permit.

 Correct fee, including non-refundable Cl\$50 application fee

 1 full face passport sized photograph AND
 1 profile passport sized photograph

 Original signed and sealed, Police Clearance certificate, less than 6 months old, from last place of residence.

 Where the employer is licensed by another body other than the Trade & Business Licensing Board, proof of current license