



## ANNUAL DECLARATION - CONTINUATION OF RERC PARENT OF A CAYMANIAN CHILD

Use of this form: This declaration should only be used by RERC holders who have been granted continuation of RERC as the parent of a Caymanian child and continue to possess such right. Keep a copy of your Declaration for your own records.

Send your completed declaration along with proof of CI\$100 payment to: [AnnualDeclarationSubmissions@gov.ky](mailto:AnnualDeclarationSubmissions@gov.ky)

**PLEASE DO NOT LEAVE ANY QUESTION BLANK. IF A QUESTION DOES NOT APPLY TO YOU, INSERT "NOT APPLICABLE" OR**

**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**

### PERSONAL DETAILS OF DECLARANT

Name as it appears in Passport

1. Surname (Last Names) \_\_\_\_\_ Given Names (First Names) \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_
2. Passport Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  Male  Female
3. Physical Address (House No & Street Name) \_\_\_\_\_  
District \_\_\_\_\_ P.O. Box & KY \_\_\_\_\_ Phone \_\_\_\_\_
4. Email Address \_\_\_\_\_

### DETAILS ON THE RELATIONSHIP STATUS

5. Has there been any change in the marital or civil partnership status of the declarant since the grant or continuation of the Residency and Employment Rights Certificate or since your last annual declaration, whichever is later?

Yes  No

If Yes, complete the personal details and contact details relating to the spouse or civil partner below; state the date of solemnisation of the new marriage or formalisation of the new civil partnership; and provide copy of marriage certificate or certificate of civil partnership.

### PERSONAL DETAILS OF SPOUSE OR CIVIL PARTNER OF DECLARANT

Name as it appears in Passport

6. Surname (Last Names) \_\_\_\_\_ Given Names (First Names) \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_
7. Passport Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  Male  Female
8. Physical Address (House No & Street Name) \_\_\_\_\_  
District \_\_\_\_\_ P.O. Box & KY \_\_\_\_\_ Phone \_\_\_\_\_
9. Email Address \_\_\_\_\_

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## EMPLOYMENT DETAILS

10. Are you employed?  Yes  No If employed, current occupation(s) \_\_\_\_\_

11. Occupation(s) in which the declarant is authorised to be employed as a holder of a Residency and Employment Rights Certificate.

Name of employer(s) \_\_\_\_\_

Physical Address of employer(s) \_\_\_\_\_

District \_\_\_\_\_ P.O. Box & KY \_\_\_\_\_ Phone \_\_\_\_\_

12. Occupation held in respect of each place of employment. Salary (CI\$)

_____	_____
_____	_____

13. Please advise on whether you have been promoted or demoted, or had a pay decrease or other loss of benefits since being granted a Residency and Employment Rights Certificate.  Yes  No

If yes, please explain

14. Annual income from salary, commission, or other monetary reward(s) (in CI\$). \_\_\_\_\_

15. Spouse's or civil partner's (if any) annual income from salary, commission, or other monetary reward(s) (in CI\$). \_\_\_\_\_

## DETAILS ON FINANCIAL SUPPORT AND CONTRIBUTION TO CHILD'S LIFE

16. Are you currently providing financial support to your Caymanian child?  Yes  No

If Yes, please specify the type of financial support you provide (select all that apply) -

- Monthly allowance
- Education expenses (tuition, books, etc.)
- Healthcare expenses
- Other (Please specify) \_\_\_\_\_

17. What is the approximate monthly amount you contribute to your child's financial needs? \_\_\_\_\_

18. In addition to financial support, how do you contribute positively to your Caymanian child's life? (select all that apply)

- Emotional Support
- Involvement in education (e.g., attending school events, helping with homework)
- Participation in extracurricular activities (e.g. sports, arts)
- Providing a safe and nurturing environment
- Other (Please specify) \_\_\_\_\_

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## DETAILS ON ANY NEW CHILDREN

19. Have you had any children (whether born or adopted) since being granted a Residency and Employment Rights Certificate (in the case of a first declaration since being granted a Residency and Employment Rights Certificate) or since your last annual declaration was submitted whichever is later?  Yes  No

If Yes, the following details are to be provided in relation to each child born or adopted:

Name as it appears on birth certificate or adoption certificate, as applicable. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Adoption (if applicable) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Is the child currently living with you?  Yes  No

Where the child is not currently living with the declarant, please provide details as to the whereabouts of the child and the circumstances that led to the child not living with the declarant.

## DETAILS ON DEPENDANTS (whether accompanying or non-accompanying)

20. Provide details of your dependants whether they are accompanying or non-accompanying.

Name (Last Names, First Names)	Date of Birth	Relationship	Nationality	Country of Residence	Accompanying?
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

21. Has there been a change in the number of dependants accompanying you since you were issued a Residency and Employment Rights Certificate or since your last annual declaration, whichever is later?  Yes  No

If yes, complete the relevant application form for the variation of permanent residence and Residency and Employment Rights Certificate to add or remove dependants.

22. In respect of each dependant who is of compulsory school age as defined in the Education Act (2024 Revision) or is attending an educational institution as defined in the Education Act (2024 Revision):

Name (Last Names, First Names)	Date of Enrolment	Name of Educational Institution
_____	_____	_____
_____	_____	_____

23. In the case of a dependant who is eighteen years or older, in addition to the details provided above, state whether the dependant is engaged in full-time tertiary education:  Yes  No

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## DETAILS REGARDING ABSENCE FROM THE CAYMAN ISLANDS

24. Have you been absent from the Cayman Islands continuously for a period of one year or more since the grant or continuation of your Residency and Employment Rights Certificate?  Yes  No

If Yes, details are to be provided for the reason for the absence:

## DETAILS REGARDING CRIMINAL HISTORY

25. Have you been convicted by any court in the Cayman Islands or elsewhere of an offence since the grant or continuation of your Residency and Employment Rights Certificate?  Yes  No If Yes, provide details

Description of Offence	Date Offence was committed	Country in which Offence was committed	Sentence or Outcome
_____	_____	_____	_____
_____	_____	_____	_____

## DETAILS REGARDING MENTAL HEALTH

26. Do you currently experience any mental impairment or serious mental illness as defined in the Mental Health Act (2023 Revision)?

Yes  No If Yes, the following details are to be provided

Type of mental impairment or serious mental illness \_\_\_\_\_

Date of diagnosis \_\_\_\_\_ Whether you are currently receiving treatment or support for the condition  Yes  No

Name of treating professional \_\_\_\_\_

Brief description of condition \_\_\_\_\_

## DECLARATION

**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 Permanent Resident  
 (Agency Signature Not Acceptable)

\_\_\_\_\_  
 Date (DD/MM/YYYY)