



PERMISSION TO CONTINUE WORKING APPLICATION

This application 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) Refer to the checklist accompanying this form for additional documents required to process this application. (ii) Use a separate sheet of paper where necessary. (iii) Retain a copy of all applications and attachments you provide WORC. (iv) If the 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.

PART 1 - To Be Completed By Employee

File/Worker Ref No. (if known)

- 1. Awaiting decision on application for Permanent Residence - valid for 6 months (PCW)
- 2. Awaiting decision on permanent residence refusal appeal from Immigration Appeals Tribunal - valid for 6 months (PCW) Date Appeal filed (if any)
- 3. Awaiting decision on permanent residence refusal appeal from Grant Court (Judicial Review) - valid for 6 months (PCW) Date Appeal filed (if any)
- 4. Requesting final permission to work (appeal dismissed)- valid for 90 days only (FPW)

1. Surname (Last Name) Maiden Name Given Names (First Names)

2. Nationality 3. Date of Birth 4. Gender Male Female

5. Passport number 6. Date of Issue 7. Place of Issue 8. Date of Expiry

9. Any other names known by 10. Personal Email

11. Address

12. District 13. PO Box and KY 14. Telephone:

15. Have you, or any dependant accompanying you, ever been charged or convicted of a criminal offence in any country? Yes No If yes, please provide details of ALL offences.

Nature of offence	Date	Location	Verdict and Sentence
<input style="width: 100%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

16. Term Limit Date 17. Are you presently in good health? Yes No

18. Particulars of any dependant(s) previously approved on work permit or final work Permit

Name	Date of Birth	Nationality	Relationship
<input style="width: 100%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

19. If your permanent residence application is pending with the Board/Director of WORC has any of your circumstances changed since it was submitted? Yes No

If yes, have you notified the Board/Director of WORC of those change of circumstances? Yes No

EMPLOYEE'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 Work Permit must be complied with. 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 Employee

Date (DD/MM/YY)

PART 2 - To Be Completed By Employer

1. Name of Business/Company Employer _____

1. Name of Individual (Personal) Employer

2. Surname (Last Name)

Maiden Name

Given Names (First Names)

3. Nationality _____

Date of Birth

DD/MM/YY

Gender:

Male

Female

4. Address _____

5. District _____

PO Box and KY _____

E-Mail _____

6. Telephone - Work _____

Home _____

Cell _____

7. Occupation to be filled _____

8. How much is the worker receiving in salary or wages? _____

per day

per week

per month

9. State under which Law this business is licensed to operate _____

10. Trade & Business number, if applicable _____

Name and contact information of additional employer if being shared (should have been previously approved by Director of WORC or the Board when work permit was in effect)

11. Additional Employer Name _____

12. Address _____

13. District _____

PO Box and KY _____

14. Telephone - Work _____

Cell _____

Notes:

- A worker awaiting the decision of a residency and employment rights certificate from Director of WORC/The Caymanian Status and Permanent Residency Board or a decision from the Immigration Appeals Tribunal **is entitled to work for a different employer, but in the same occupation** as stated in his final work permit. They must first have their new employer submit a new Permission To Continue to Work application (Form P1).
- Once a decision is made and communicated by the Immigration Appeals Tribunal, the Permission To Continue to Work authorization falls away, at the expiration date, and the worker must regularize his immigration status immediately following the date of expiration.

Signature of Employer

Date (DD/MM/YY)



Health Insurance and Pension - Supplement To Work Permit Application (Temp/Grant/Renewal)

Questions relating to the Provision of Pension Benefits and Health Insurance

Supplement - To Be Completed By Employer and Attested To By The Employee

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

PENSION PLAN

In accordance with the National Pensions Law after an employee has completed 9 months of employment in the Cayman Islands, the enrollment & payment of pension contributions are mandatory.

1. Do you have a valid Pension Plan for this employee in accordance with the National Pensions Law and its current revisions? Yes No

If No, please explain: _____

2. What is the name of the Company and Administrator of your registered Pension Plan?

Company _____ Telephone No _____

E-Mail Address _____ Employee Pension No _____

Registration No _____

3. Are your Company's Pension Plan contributions for this employee paid up to date? Yes No

If No, please explain: _____

HEALTH INSURANCE

In accordance with the Health Insurance Law every person, and their dependants, resident on Island must have health insurance coverage effected by their employer.

1. Do you have a valid Health Insurance Plan for this employee in accordance with the Health Insurance Law and its revisions and regulations thereunder? Yes No

If No, please explain: _____

2. What is the name of the Company and Administrator of your registered Health Insurance Plan?

Company _____ Telephone No _____

E-Mail Address _____ Employee Membership No _____

Policy No _____

3. Are your health insurance premiums for this employee paid up to date? Yes No

If No, please explain: _____

EMPLOYER'S DECLARATION:

I declare that the information given above is correct and confirm that the employee for whom the work permit is being sought is or will become a member of the above Health Insurance Plan in accordance with the Health Insurance Law and is a member or will join the above Pensions Plan in accordance with the National Pensions Law.

I understand that I will be responsible for any medical expenses incurred by the employee and their dependants in the absence of a standard health insurance contract.

I understand making a false statement or representation knowing the same to be false in accordance with the Immigration (Transition) Act, I am liable on conviction to a fine of up to CI \$5,000.00 and imprisonment of one year.

Name of Employer _____

Authorized signatory for and on behalf of Employer _____
Cannot be Agency signature

Print Name _____

Date (DD/MM/YY) _____

EMPLOYEE'S DECLARATION:

I declare that the information given above is correct and confirm that the employer from which I seek employment has or will enrol me in the Health Insurance Plan and has or will enrol me in the above Pension Plan (unless exempted by Pensions Law).

I understand making a false statement or representation knowing the same to be false in accordance with the Immigration (Transition) Act, I am liable on conviction to a fine of up to CI \$5,000.00 and imprisonment of one year.

Name of Employee _____

Signature _____
Cannot be Agency signature

Date (DD/MM/YY) _____

PERMISSION TO CONTINUE TO WORK - 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 deemed necessary.

- Application forms** 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 Permission To Continue to work is required.
- Correct **fee**: C1\$100 application fee and
50% of annual work permit fee (6 months)
- Proof of enrollment in a pension plan
- Proof of enrollment in a health insurance plan
- Medical declaration cover letter** - may be no older than one year old at date of submission
- A copy of the appeal fee receipt (where an appeal has been filed)
- Signed and sealed, **Police Clearance certificate** - less than 12 months old