



WORC

WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

PERMANENT RESIDENT - ANNUAL DECLARATION

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.

The completed declaration must be submitted at the same time as payment of annual Residency & Employment Rights Certificate (RERC) fees.

Use of this form: This declaration should only be used by permanent residents who hold a RERC.

*See Guidance for further explanation. Keep a copy of your Declaration for your own records.

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 PERMANENT RESIDENT

Name as it appears in Passport

1. Surname (Last Name) _____ Maiden Name _____ Given Names (First Names) _____
2. Passport No _____ Date of Birth _____ Gender Male Female
3. Address _____
District _____ P.O. Box & KY _____ Telephone _____
4. Email Address _____

MARITAL STATUS

5. Has there been any change to your marital status since becoming a permanent resident?

Got Married? Yes No Became Divorced? Yes No Became separated? Yes No Became widowed? Yes No

If Yes to any of these questions, provide details of your new/former/deceased spouse and the date of the change of circumstances.

Full Name	Date of Birth	Nationality	Place of Residence	Date of Change of Circumstance
_____	_____	_____	_____	_____

EMPLOYMENT

6. What is your current employment status? Employed Unemployed Retired Other _____ Specify _____

If you are employed, what is your occupation? _____

As a Permanent Resident, in which occupation(s) are you authorised to be employed? _____

What is the name of your employer? _____

Are you employed by any additional employer(s)? Yes No If Yes, provide Name, Street Address, Phone, Occupation, and Salary on a separate sheet of paper for each additional employer.

What is street address and telephone numbers of the business(es) or other location(s) where you are employed? _____

Since being granted permanent residence have you been promoted, demoted, had a pay decrease or other loss of benefits? Yes No
If Yes to any of these conditions, explain _____

What is your annual income from salary, commission, or other monetary reward? (In CI\$) _____

What is your spouse's (if any) annual income from salary, commission, or other monetary reward (if any)? (In CI\$) _____

PERMANENT RESIDENT ANNUAL DECLARATION

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.

INVESTMENT IN LOCAL BUSINESS

7. Do you own an interest in any company or partnership in the Cayman Islands? Yes No If Yes, provide details.
 Business Name or name trading under _____ Business Address _____ Investment Amount (CI\$) _____ Date of Investment _____
8. Since being granted permanent residence have you purchased, sold or otherwise transferred any interest in a local company or partnership that was declared in your original permanent residence application? Yes No
 If Yes, provide details
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ASSISTANCE FROM PUBLIC AUTHORITIES

9. Since being granted permanent residence have you or any of your family members received, or are you receiving, any form of assistance from the Department of Children and Family Services or any other Cayman Islands Government agency? Yes No
 If Yes, provide details
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CRIMINAL CONVICTIONS

10. Since being granted permanent residence have you or any of your dependants been convicted of an offence(s) (other than a traffic offence) in the Cayman Islands or any other jurisdiction? Yes No
 If Yes, provide details
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HEALTH AND PENSION PLAN DETAILS

11. Provide information on your health coverage.
 Health Plan Provider Name _____ Date of Enrolment _____ Account No _____
 Does the plan cover all you on-island dependants Yes No If No, explain _____
12. Provide information on your pension coverage.
 Pension Provider Name _____ Date of Enrolment _____ Registration No _____ Employee Pension No _____
 Is your Pension paid up to date? Yes No If No, explain _____

DECLARATION

Warning: It is an offence under the Immigration (Transition) Law, 2018 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 he knows to be false or which he does not believe to be true. A person found guilty of this offence is liable on summary conviction in respect of a first offence, to a fine of \$5,000.00 and to imprisonment for one year or, in respect of a second or subsequent offence, to a fine of ten thousand dollars and to imprisonment for two years.

Failure to submit this Declaration annually is an offence and a ground for revocation of your right to reside permanently in the Cayman Islands.

 Signature of Permanent Resident
 (Agency Signature Not Acceptable)

 Date (DD/MM/YYYY)