



# WORC

WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN  
CAYMAN ISLANDS GOVERNMENT

## APPLICATION FOR A RESIDENCY AND EMPLOYMENT RIGHTS CERTIFICATE (RERC) FOR THE SURVIVING SPOUSE OF A RERC HOLDER

The completed application should be sent to:  
The Director of WORC / The Secretary, Caymanian Status & Permanent Residency Board  
P.O Box 1098, Grand Cayman KY1-1102, 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. USE SEPARATE SHEET OF PAPER IF NECESSARY.

RETAIN A COPY OF ALL APPLICATIONS AND ATTACHMENTS SUBMITTED TO IMMIGRATION.

### PERSONAL DETAILS OF APPLICANT

|                                                                                  |  |                                    |                                                                             |                                     |  |                                                                      |  |  |
|----------------------------------------------------------------------------------|--|------------------------------------|-----------------------------------------------------------------------------|-------------------------------------|--|----------------------------------------------------------------------|--|--|
| <input type="text"/>                                                             |  |                                    | <input type="text"/>                                                        |                                     |  | <input type="text"/>                                                 |  |  |
| 1. Surname (Last Name)                                                           |  |                                    | Maiden Name                                                                 |                                     |  | Given Names (First Names)                                            |  |  |
| 2. Nationality <input type="text"/>                                              |  |                                    | Date of Birth <input type="text"/>                                          |                                     |  | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |  |  |
| Country of Birth <input type="text"/>                                            |  |                                    | Date RERC certificate was issued to you, if applicable <input type="text"/> |                                     |  |                                                                      |  |  |
| 3. Passport No. <input type="text"/>                                             |  | Date of Issue <input type="text"/> |                                                                             | Place of Issue <input type="text"/> |  | Date of Expiry <input type="text"/>                                  |  |  |
| 4. Have you re-married? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                    | If Yes, provide following details.                                          |                                     |  |                                                                      |  |  |
| Date of marriage <input type="text"/>                                            |  |                                    | Place of marriage <input type="text"/>                                      |                                     |  |                                                                      |  |  |
| 5. Details of New Spouse                                                         |  |                                    |                                                                             |                                     |  |                                                                      |  |  |
| <input type="text"/>                                                             |  |                                    | <input type="text"/>                                                        |                                     |  | <input type="text"/>                                                 |  |  |
| Surname (Last Name)                                                              |  |                                    | Maiden Name                                                                 |                                     |  | Given Names (First Names)                                            |  |  |
| Nationality <input type="text"/>                                                 |  |                                    | Date of Birth <input type="text"/>                                          |                                     |  |                                                                      |  |  |
| Immigration Status <input type="text"/>                                          |  |                                    |                                                                             |                                     |  |                                                                      |  |  |
| 6. Physical Address <input type="text"/>                                         |  |                                    |                                                                             |                                     |  |                                                                      |  |  |
| District <input type="text"/>                                                    |  |                                    | P.O. Box & KY <input type="text"/>                                          |                                     |  | Telephone <input type="text"/>                                       |  |  |
| Personal Email Address <input type="text"/>                                      |  |                                    |                                                                             |                                     |  |                                                                      |  |  |

# RESIDENCY AND EMPLOYMENT RIGHTS CERTIFICATE FOR THE SURVIVING SPOUSE OF A RERC HOLDER

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7. Are you currently employed? ☐ Yes ☐ No

If Yes, Occupation

Name of Employer/Business

Physical Address

District

P.O. Box & KY

Telephone

Email

If No, what is your source of income?

8. Have you or your deceased spouse ever applied for any assistance (financial or otherwise) from the Department of Children and Family Services or any other Government Department or Agency? If Yes, clearly detail circumstances. Use separate sheet of paper if necessary.

☐ Yes ☐ No

9. Have you or your deceased spouse ever applied for and received any assistance (financial or otherwise) from the Department of Children and Family Services or any other Government Department or Agency? If Yes, clearly detail circumstances, type and duration of assistance. Use separate sheet of paper if necessary.

☐ Yes ☐ No

## DETAILS OF DECEASED RERC HOLDER SPOUSE

10. Surname (Last Name)

Maiden Name

Given Names (First Names)

Place of Birth

Date of Birth

Date of marriage

Place of marriage

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## DETAILS OF DEPENDANTS

### Non-Caymanian Dependants

11. Do you have any non-Caymanian dependants whom you wish to accompany you? ☐ Yes ☐ No If Yes, provide following details.

**\*Note:** If you wish for any of your non-Caymanian dependants to accompany you, you are required to complete RAD Form - the accompanying dependant supplement form and it submit along with this application.

| Name                 | Date of Birth        | Nationality          | Relationship         |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

12. Do you have any non-Caymanian dependants not listed under question 13 ☐ Yes ☐ No If Yes, provide following details.  
(i.e., dependants not accompanying you)?

| Name                    | Date of Birth        | Nationality          | Relationship         |
|-------------------------|----------------------|----------------------|----------------------|
| a) <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b) <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Is dependant(s) currently in the Islands? a) ☐ Yes ☐ No  
b) ☐ Yes ☐ No

Where and with whom does your dependant(s) currently reside?

| Name of Guardian     | Relationship of Guardian (to dependant) | Full Address (Street address & Country) |
|----------------------|-----------------------------------------|-----------------------------------------|
| <input type="text"/> | <input type="text"/>                    | <input type="text"/>                    |
| <input type="text"/> | <input type="text"/>                    | <input type="text"/>                    |

13. Do you or the guardian receive any financial or Governmental assistance for any of your Non-Caymanian dependants? ☐ Yes ☐ No

### Dependants with deceased RERC Holder spouse or other RERC Holder person

14. Do you have children with your deceased RERC Holder spouse? ☐ Yes ☐ No If Yes, how many.

Please provide certified copy of birth certificate(s) and list particulars as follows: (Use separate sheet, if necessary)

| Name                 | Gender                                                | Date of Birth        | Nationality          | Age                  |
|----------------------|-------------------------------------------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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Where and with whom does this dependant(s) currently reside?

| Name of Guardian | Relationship of Guardian (to dependant) | Full Address (Street address & Country) |
|------------------|-----------------------------------------|-----------------------------------------|
|                  |                                         |                                         |
|                  |                                         |                                         |

15. Do you have children by any other person? ☐ Yes ☐ No If Yes, how many.

Please provide certified copy of birth certificate(s) and list particulars as follows: (Use separate sheet, if necessary)

| Name | Gender                                                | Date of Birth | Nationality | Age |
|------|-------------------------------------------------------|---------------|-------------|-----|
|      | <input type="checkbox"/> M <input type="checkbox"/> F |               |             |     |
|      | <input type="checkbox"/> M <input type="checkbox"/> F |               |             |     |

Where and with whom does child(ren) currently reside?

| Name of Guardian | Relationship of Guardian (to dependant) | Telephone |
|------------------|-----------------------------------------|-----------|
|                  |                                         |           |

Address

District  P.O. Box & KY

Employer

## DETAILS OF AGENT (IF APPLICABLE)

16. Agency Name  Contact Name

Mailing Address

District  P.O. Box & KY  Telephone

Email Address

## REFERENCES

17. Please provide the names of three personal references:

| Name | Telephone/Cellular | Address |
|------|--------------------|---------|
|      |                    |         |
|      |                    |         |
|      |                    |         |

# RESIDENCY AND EMPLOYMENT RIGHTS CERTIFICATE FOR THE SURVIVING SPOUSE OF A RERC HOLDER

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## 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 Applicant  
Agency signature not acceptable

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

# AFFIDAVIT (RERC, SURVIVING SPOUSE OF A RERC HOLDER)

## To be completed by the surviving spouse/civil partner

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This affidavit is in support of an application for the grant of a Residency & Employment Rights Certificate as the surviving spouse of a Caymanian pursuant to Section 37(18) of the Caymanian Protection Act (2022 Revision).

I   
Given Names (First Names) Maiden Name (if applicable) Surname (Last Name)  
of   
City and Country

make oath and say as follows:

1. That I was lawfully married to my deceased spouse, namely:  since
2. That my marriage was not one of convenience as defined in Section 2 of the Caymanian Protection Act (2022 Revision).
3. That (1) I am the current holder of a Residency and Employment Rights Certificate, granted to me as of  OR;  
(2) I was included as a dependant on my deceased spouse's certificate  Date (DD/MM/YY)
4. That my marriage was (1) stable and intact prior to my spouse's death and  
(2) that there were no pending divorce proceedings, divorce petitions or separation petitions filed within the duration of the marriage;
5. That I was not living apart from my spouse under a (1) decree of a competent court;  
(2) under a deed of separation;  
(3) by mutual consent or agreement or any other reason whether voluntary or not;
6. That I have not lived apart from my spouse for an aggregate period longer than three (3) months for the duration of the marriage.
7. That, pursuant to section 37(19), I have notified the Board/Director of WORC of my spouse's death within six months of the death. ☐ Yes ☐ No  
If no, why not?

**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 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.

By making an application for a Residency & Employment Rights Certificate, you agree to cooperate with the Director of WORC / Caymanian Status and Permanent Residency Board or its duly appointed agents by providing such information or documents as they may reasonably request in connection with your application.

If the Director of WORC / Caymanian Status and Permanent Residency Board has reasonable grounds to believe that any fact stated in any application for a Residency & Employment Rights Certificate (including any affidavit sworn in support of such application) is false in a material particular, the Director of WORC / Caymanian Status and Permanent Residency Board or its duly appointed agents may conduct a full investigation in such manner as it deems fit.

Signature

Date (DD/MM/YYYY)

Sworn before me at , Cayman Islands, this  day of  20

Name

Signature

Seal

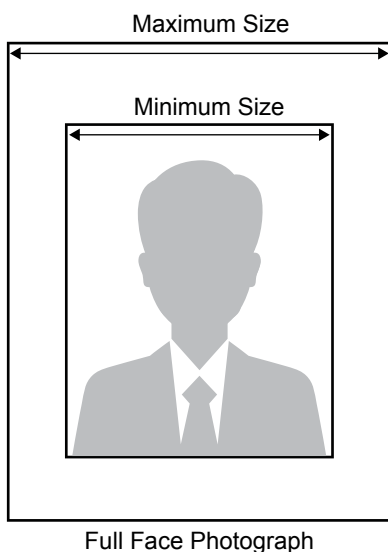
# PHOTOGRAPH TEMPLATE APPLICANTS ONLY

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|                                                                   |                      |                           |
|-------------------------------------------------------------------|----------------------|---------------------------|
| <input type="text"/>                                              | <input type="text"/> | <input type="text"/>      |
| Surname (Last Name)                                               | Maiden Name          | Given Names (First Names) |
| <input type="text"/>                                              | <input type="text"/> | <input type="text"/>      |
| File Number (if known)<br>(Also known as "Work Reference Number") | Application Date     | Date of Birth             |

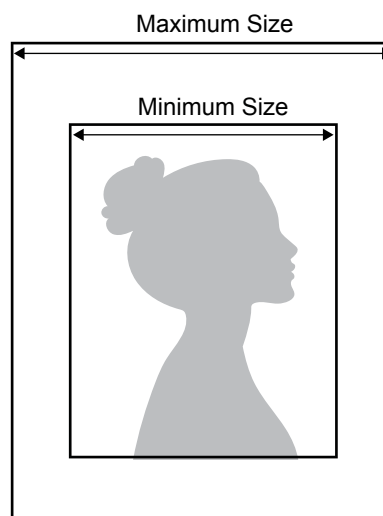
**FOR A WORK PERMIT GRANT, PERMANENT RESIDENCY OR STATUS - PROVIDE FULL FACE AND PROFILE PHOTOS. FOR A WORK PERMIT RENEWAL - PROVIDE FULL FACE PHOTO.**

## APPLICANT FULL FACE



Full Face Photograph

## APPLICANT PROFILE



Profile Photograph

### Do Not Use Staples!

Photographs may be taped or glued to the picture diagrams.

#### Instructions:

- For Work Permit Grant, Permanent Residency and Cayman Status applications, provide Full Face and Profile photos (2 photos).
- For Work Permit Renewal applications, provide Full Face photo (1 photo).
- Print Last Name, First Name(s), and Date of Birth on the back of each photograph.
- The photograph must:
  - be a "passport type" photograph
  - be in colour
  - be taken within the past 12 months
  - show full face (shoulders and above)
  - have no head covering
  - have a plain white background
  - be between 45mm by 35mm (1.77 inches by 1.38 inches) and 63mm by 50mm (2.5 inches by 2 inches), see diagram below
  - be unmounted
  - be printed on normal photographic paper
  - if digital, have resolution of at least 800 dpi (dots per inch)
- Blurred photographs will not be accepted.
- Stick-on labels will not be accepted.

## CHECKLIST FOR RESIDENCY AND EMPLOYMENT RIGHTS CERTIFICATE (RERC) SURVIVING SPOUSE OF A RERC HOLDER SECTION 37(18) DIRECTOR OF WORC OR THE CAYMANIAN STATUS & PERMANENT RESIDENCY BOARD

This is a summary of general requirements for ALL Applicants.  
The Director of WORC / CS&PR Board reserve the right to request additional information or documentation as deemed necessary.

- ☐ **Cover Letter**  
Provide letter advising of the circumstances as to the death of spouse and all other relevant information (children of marriage etc.) as to why application should be approved.
- ☐ **Application Form** (One duly completed application form)
- ☐ **Copy of RERC** of RERC holder and applicant (if applicable)
- ☐ **Prescribed Affidavit**  
Completed and signed by the applicant attesting to the stability of the marriage prior to death of spouse signed in the presence of a JP or Notary Public
- ☐ **References** Three (3) written references from persons who know you along with proof of their identity.
- ☐ **Medical Declaration Cover Letter** The Medical cover letter may be no older than one year of submission of the application
- ☐ **Photographs** 1 full face and 1 profile with name and date of birth on back
- ☐ **Proof of Identity** Certified copy of bio-data page of the applicant's passport
- ☐ **Evidence of Children of Marriage** Provide certified copies of birth certificates of any children born of the marriage together with proof of identity and photographs of such children.
- ☐ **Evidence of Spouse's Death**  
Certified copy death certificate
- ☐ **Employment Letter** (stating your position, length of employment and salary) If not employed - please state same in your cover letter, and provide evidence of how you are/will maintain yourself in the Islands.
- ☐ **Bank References** If you do not have a bank account please state same in your cover letter
- ☐ **Police Clearance** (valid for six (6) months only)
- ☐ **Dependant Non-Caymanian Children**  
If you have any non-Caymanian children which were allowed on your previously issued RERC or are requesting additional dependants - please provide updated photographs of such children together with proof of identity of such children. Also provide letter of attendance and current enrollment from their school. Provide the aforesaid information as well as certified copies of their birth certificates (if applicable).
- ☐ **Accompanying Dependant Supplement Form**  
To be fully completed and submitted together with copies of all necessary documents requested (if applicable)