



RESIDENCY CERTIFICATE FOR PERSONS OF INDEPENDENT MEANS

The completed application form should be addressed to:
The Director of WORC, PO 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 WORC.

APPLICATION FORM CONTAINS 4 PAGES

Please choose one option:

- Application for a Certificate for Persons of Independent Means (RIM) Renewal application for a Certificate for Persons of Independent Means (RIR)

PERSONAL DETAILS

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

2. Nationality _____ Country of Birth _____ Date of Birth _____ Male Female

3. Passport number _____ Date of Issue _____ Place of Issue _____ Date of Expiry _____

4. Address in the Cayman Islands (if already resident) _____

P.O. Box: _____ Telephone: _____ Email: _____

5. Present address (if different from above) _____

6. Marital/Civil Partner Status Married Divorced Separated Widowed Single Civil Partnership Dissolved Civil Partnership

Place and Date of Marriage/Civil Partnership (if any) _____

7. Please provide particulars of any dependant(s) whom you wish to accompany you in the Cayman Islands and whom you wish to include in this application

Name	Date of Birth D/M/Y	Nationality	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

8. Please provide particulars of any dependant(s) not already listed at question 7

Name	Date of Birth D/M/Y	Nationality	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Application For A Residency Certificate For Persons of Independent Means

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.

9. Have you or any of your dependants ever been convicted of a criminal offence? Yes No

If yes, please provide details, including dates and sentence _____

Financial Assessment

10. (a) How much is your total annual income? CI\$ _____ (b) From where is this income derived? _____

11. Please provide the following details concerning your investment in developed real estate in the Islands

- (a) Block _____ Parcel No. _____
- (a) Block _____ Parcel No. _____
- (b) Amount of personal funds invested CI\$ _____

12. Please provide details of other investments in the Islands:

(a) Nature of investment (Please use additional sheet if necessary) _____ (b) Amount invested CI\$ _____

References

13. Please provide the names of three personal references

Names of Referees	Telephone/Cellular	Address
1- _____	_____	_____
2- _____	_____	_____
3- _____	_____	_____

DECLARATION

Warning: It is an offence under the Immigration (Transition) Act, 2021 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.

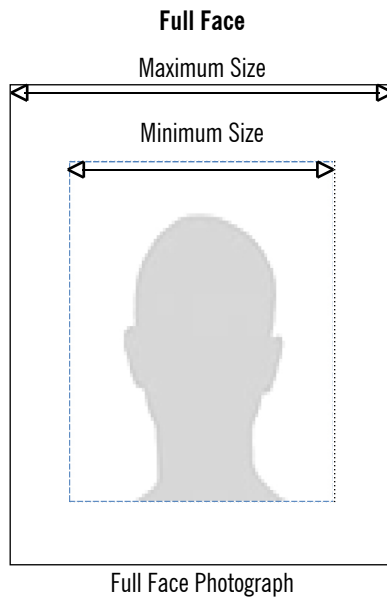
Signature of Applicant _____ Date _____



PHOTOGRAPH TEMPLATE - Applicant only

Surname (Last Names)	Given Names (First Names)	Maiden Name (if applicable)
File Number (if known)	(Also known as "Work Reference Number")	Application Date
		DD/MM/YY
		Date of Birth
		DD/MM/YY

If application is for a work permit grant, permanent residency or status, provide Full Face photo.



Do Not Use Staples!
Photographs may be taped or glued to the picture diagrams.

Instructions:

- Provide Full Face photo (1 photo).
- Print Last Name, First Name(s), and Date of Birth on the back of 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.

RESIDENCY CERTIFICATE FOR PERSONS OF INDEPENDENT MEANS 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.

- See online guidelines for additional information and specifications -

- Application form duly completed. **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 addressed to the Director of WORC with detailed summary of reasons for application
- A non-refundable C.I. \$500 application fee. If approved the issue fee will be C.I. \$20,000 and (if applicable) C.I. \$1,000 for each approved dependant
- A certified/notarized copy of picture page of passport
- Original signed and sealed, Police Clearance Certificate, less than 6 months old, from last place of residence
- 1 full face passport sized photograph
- Original medical declaration cover letter
- Bank Reference Letters (local or overseas) Financial Statement/s Proof of annual income of CI\$120,000 or maintains the sum of CI\$400,000 in a local Bank
- Proof of Good Standing in respect of Accountant - Provide evidence of compliance or membership and current license with professional accounting authority or organization
- Proof of local Investments of CI\$1 Million Evidence of other local Investments Certified copies of Land Registry and Land Transfer certificates
- Evidence of Beneficial Ownership (if applicable)
- Three written references from persons (not related to applicant or spouse) who have known you for at least 3 years. The referees may be Caymanian or Non-Caymanian.
- A notarized English translation of all documents where the originals are presented in a foreign language
- Evidence of adequate health insurance that is accepted in the Cayman Islands, which is in accordance with sections 4A and 5 of the Health Insurance Act (2021 Revision)
[click here](#) for list of approved insurers

Dependants

- 1 full face passport sized photograph of each dependant
- Original medical declaration cover letter, if applicable
- Notarized/certified copies of Birth Certificates of all dependant children listed on the application.
- Original signed and sealed, Police Clearance Certificate, less than 6 months old, from last place of residence, 18 years and above
- Evidence of adequate health insurance that is accepted in the Cayman Islands, which is in accordance with sections 4A and 5 of the Health Insurance Act (2021 Revision)
- A certified/notarized copy of your Marriage Certificate (if applicable)