



## CERTIFICATE OF PERMANENT RESIDENCE 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.

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) All information provided will be treated in strictest confidence (ii) Refer to the checklist accompanying this form for additional documents required to process this application. (iii) Use separate sheet of paper, where necessary, to thoroughly answer each question. (iv) Retain a copy of all applications and attachments submitted to WORC.

APPLICATION FORM CONTAINS 4 PAGES

### PERSONAL DETAILS

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

2. Nationality \_\_\_\_\_ Country of Birth \_\_\_\_\_ Date of Birth   D/MMM/YY   Male  Female

3. Passport number \_\_\_\_\_ Date of Issue   D/MMM/YY   Place of Issue \_\_\_\_\_ Date of Expiry   D/MMM/YY  

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

P.O. Box: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email \_\_\_\_\_

5. Present address (if different from above) \_\_\_\_\_  
\_\_\_\_\_

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

Place and Date of Marriage (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
_____	<u>  D/MMM/YY  </u>	_____	_____
_____	<u>  D/MMM/YY  </u>	_____	_____

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

Name	Date of Birth D/M/Y	Nationality	Relationship
_____	<u>  D/MMM/YY  </u>	_____	_____
_____	<u>  D/MMM/YY  </u>	_____	_____

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 invested CI\$ \_\_\_\_\_

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

(a) Nature of investment \_\_\_\_\_ (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")

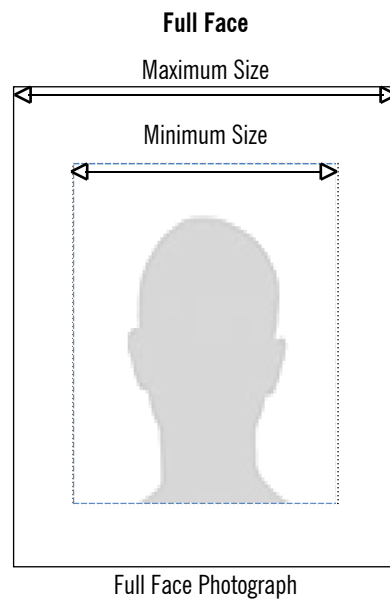
Application Date

D/MMM/YY

Date of Birth

D/MMM/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
- 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.

## CERTIFICATE OF PERMANENT RESIDENCE 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.

- 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
- A non-refundable C.I. \$500 application fee. If approved the issue fee will be CI\$100,000 and, if applicable, C.I. \$1,000 for each approved dependant.
- A certified/notarized copy of your passport picture page
- 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. The Medical cover letter may be no older than one year of submission of the application.
- Bank Reference Letters (local or overseas)       Financial Statement       Proof of annual income
- 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
- Proof of ownership and investment of CI\$2 million in developed real estate (Land transfer and land register)
- Evidence of Beneficial Ownership (if applicable)
- 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 if over 18 years of age.
- 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 Marriage Certificate (if applicable)