



APPLICATION FOR A RESIDENCY CERTIFICATE (SUBSTANTIAL BUSINESS PRESENCE)

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 5 PAGES

Please choose one option:

Approval-in-Principal of a Residency Certificate (6 months) (RBP)

Renewal for a Residency Certificate (25 years) (RBR)

Residency Certificate (25 years) (RBC)

Do you currently hold an unexpired Approval in Principle Residency Certificate?

Yes No

Date of Expiry

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 Address:

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 (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
<input type="text"/>	<input type="text" value="D/MMM/YY"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="D/MMM/YY"/>	<input type="text"/>	<input type="text"/>

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

Name	Date of Birth D/M/Y	Nationality	Relationship
<input type="text"/>	<input type="text" value="D/MMM/YY"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="D/MMM/YY"/>	<input type="text"/>	<input type="text"/>

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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 _____

Please complete questions 10 through 15 if you are applying as a Senior Manager under section 37D.(1)(b) (If you are applying under section 37D.1(a), please proceed directly to question 16)

10. What is your level of education? Less than High School/Secondary School High School/Secondary School
 Sixth Form Associate Degree
 Technical/Vocational Bachelor's Degree
 Post-Graduate Degree (Diploma, Master's, Ph.D.) Professional Qualification

11. What professional or technical qualifications do you have (certified copy of certification should be attached) - e.g CPA, CA, ACCA, ACIS, CFA, ACIB, AICB, MRICS, City & Guilds, NVQ etc.

12 (a). Name of current Employer _____ 12 (b). Nature of Business _____

13. What is your current position? _____ 14. What is your annual salary? _____

15. (a). What experience, if any, do you have which is relevant to the investments that you plan to hold in the Cayman Islands?

(b). How much experience do you have which is relevant to the proposed investments?

- 3 years or less 4-5 yrs. 6-7 yrs. 8-10 yrs. 11-15 yrs. More than 15 years

16. Have you ever previously made an application (whether granted or not) to work in the Cayman Islands? Yes No

17. Have you ever been bankrupt or owned shares, equity or rights in a non-public quoted company or been a director, manager, or officer of a company, partnership or entity which went bankrupt or ceased trading without creditors being paid in full?

If yes, please give details _____

18. Please provide details of your investments or proposed investments in the Islands:

(a) Investment Amount CI\$ _____ (b) Investment Amount CI\$ _____ (c) Percentage of shares owned in company/s _____

(d) Nature of investment _____

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19. Please provide details of Employees **(if applicable)** (Use separate sheet of paper if necessary)

Name	Date of Birth D/M/Y	Nationality
	D/MMM/YY	
	D/MMM/YY	
	D/MMM/YY	
	D/MMM/YY	

References

17. 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

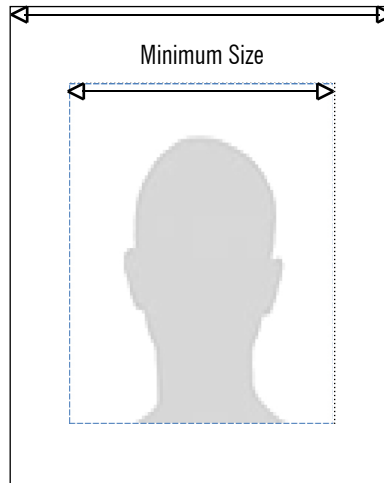
D/MMM/YY

Provide Full Face photo.

Full Face

Maximum Size

Minimum Size



Full Face Photograph

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 (SUBSTANTIAL BUSINESS PRESENCE) 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.

All Applicants

- 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 your application (original signature required)
- A non-refundable C.I. \$1,000 application fee upon submission. If approved the issue fee for the Certificate will be CI\$5,000; an annual fee equivalent to that payable by a work permit holder in the same occupation; and if applicable, C.I. \$1,000 for each approved dependant (see online guidelines)
- A certified/notarized copy of your passport picture page 1 full face passport sized photograph Copy of curriculum vitae/resume
- Original signed and sealed, Police Clearance Certificate, less than 6 months old, from last place of residence. Bank Reference Letters (local or overseas)
- Original medical declaration cover letter, if applicable. The Medical cover letter may be no older than one year of submission of the application.
- 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 Law (2018 Revision) [click here](#) for list of approved insurers
- Three written references from persons (not related to applicant or spouse) who have known you for at least 2 years. The referees may be Caymanian or Non-Caymanian. Each reference must be in a sealed envelope, signed across the seal by the referee, with the name of the applicant on the outside.
- A notarized English translation of all documents where the originals are presented in a foreign language

If Applying through Section 37D(1)(a) - Business Ownership

- Proof of ownership of a minimum of 10% shares in an approved category of business (see online guidelines) Proof of purchase or lease of commercial real estate
- Proof of full-time employees who are legally and ordinarily resident for a minimum of 9 months in each calendar year (minimum four (4) employees)
- Proof or Proposal that you will be legally and ordinarily resident for 90 days in each calendar year
- Where the employer is licensed by another body other than the Trade & Business Licencing Board, proof of current license or copy of receipt of payment for the renewal
- Where the Trade & Business or other applicable licence has expired, a copy of the receipt of payment for the renewal

If Applying through Section 37D(1)(b) - Employed in a Senior Management Capacity

- Proof of employment in a Senior Management capacity in an approved category of business, e.g. Proof of annual income, e.g Employment letter

Dependants

- 1 full face passport sized photograph of each dependant A certified/notarized copy of Marriage/Civil Partnership Certificate (if applicable)
- 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)