



WORC

WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

ACCOMPANYING DEPENDANT INFORMATION SUPPLEMENT

This application should accompany your R37, R37-16, R37-18, R28-40 and R38 application, if you wish to include non-Caymanian dependants.

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. RETAIN A COPY OF ALL APPLICATIONS AND ATTACHMENTS PROVIDED TO WORC.

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

Please select one option only:

- A. I am the spouse/civil partner of a Caymanian** and I wish to include my dependant child(ren) on my application for a RERC
- B. I am the spouse/civil partner of a Permanent Resident** and I wish to include my dependant child(ren) on my application for a RERC
- C. I am now applying for Permanent Residence/Residency & Employment Rights Certificate** and I wish to include my dependant(s)
- D. I have a pending Permanent Residence/ Residency & Employment Rights Certificate application pending**, and I now wish to include a dependant.

Note: A surviving spouse of a Caymanian cannot add his/her new non-Caymanian spouse as a Dependent on his/her RERC.

PERSONAL DETAILS OF APPLICANT

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

2. Nationality _____ Date of Birth _____ Place of Birth _____

3. Email Address _____

4. Are you currently employed? Yes No
If Yes, what is the name of your employer? _____

PERSONAL DETAILS OF SPOUSE/CIVIL PARTNER

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

6. Nationality _____ Date of Birth _____ Place of Birth _____

7. Is your spouse/civil partner currently employed? Yes No
If Yes, what is the name and address of their employer? _____

DETAILS OF DEPENDANTS

NON-CAYMANIAN DEPENDANTS

Important note: If Applicant is male - your request cannot be considered if you do not have proof of full legal custody of your dependant(s). If you were not married to the mother(s) of your dependant child(ren) at the time of the child(ren)'s birth you must provide original DNA to prove paternity.

8. Do you have any non-Caymanian dependant(s) whom you wish to be added to your Residency & Employment Rights Certificate? Yes No
If Yes, provide details below. Use additional sheet of paper if necessary

Name	Gender	Date of Birth	Nationality	Is the listed spouse the biological parent?
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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9. (i). Has your dependant(s) ever been arrested or charged with a criminal offence in Cayman or any other country?
 If Yes, provide details for each dependant.

Yes	No	Nature of Offence	Date	Location	Verdict & Sentence
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

(ii). Has your dependant(s) ever been convicted in a court of law for a criminal offence in Cayman or any other country?
 If Yes, provide details for each dependant.

Yes	No	Nature of Offence	Date	Location	Verdict & Sentence
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

10. Has your dependant(s) ever been required to pay an administrative fine for an offence in the Cayman Islands or other country, other than for a traffic offence? If Yes, provide details for each dependant.

Yes	No	Nature of Fine	Date	Location	Amount (CI\$)
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

11. Has your dependant(s) ever been sanctioned by a professional ethics body, licensing board or any other regulating body? If Yes, provide details.

Yes	No	Nature of Sanction	Date	Location	Reasons
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

12. Is this dependant(s) in good physical and mental health? If No, provide details.

Yes	No	Nature of ill health (inferior health or impairment)
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

If No, does dependant have insurance coverage? Yes No

If Yes, what is the name of the insurance company? _____

Address of insurance company _____ Telephone _____

What is the policy number? _____

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13. For each dependant being added, state where and with whom each dependant currently resides.

Name of Guardian, if applicable	Relationship of Guardian (to Dependant), if applicable	Full Address (Street address & Country)	Is dependant currently in the Islands?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Question 14a & 14b to be completed by Male applicants only

14. a. Are you married to the mother of your dependant child(ren)? Yes No If Yes, is the mother of this child currently your Dependant? Yes No If No, provide explanation of why you are requesting to add this child as your Dependant? _____

_____ Yes No Yes No _____

_____ Yes No Yes No _____

b. Provide detailed information for your planned on-Island childcare arrangements.

DEPENDANTS WITH CAYMANIAN SPOUSE OR OTHER CAYMANIAN PERSON (IF APPLICABLE)

15. Do you have any Caymanian children? Yes No If Yes, how many? _____

If you are the spouse of a Caymanian, answer Question #20. If you are not the spouse of a Caymanian, skip Question #16.

16. Do you have children with your Caymanian spouse? Yes No If Yes, how many? _____
List details below. Use separate sheet of paper if necessary.

Name of child(ren)	Gender	Date of Birth	Country of Birth
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____

Where and with whom does Caymanian children currently reside?

Name of Guardian, if applicable	Relationship of Guardian (to Dependant)	Telephone
_____	_____	_____
Full Address (Street address & Country)	PO Box & KY	
_____	_____	
Personal Email	Employer	
_____	_____	

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17. Do you have children by any other Caymanian person? Yes No If Yes, how many? _____

Name of child(ren)	Gender	Date of Birth	Country of Birth
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____
Name of Caymanian Parent	Gender	Date of Birth	Country of Birth
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____

Where and with whom does Caymanian children currently reside?

Name of Guardian	Relationship of Guardian (to Dependant)	Telephone
_____	_____	_____
Full Address (Street address & Country)	PO Box & KY	
_____	_____	
Personal Email	Employer	
_____	_____	

18. Does your **Spouse** have Caymanian children under age eighteen Yes No If Yes, how many? _____
 for which you, the Applicant, are **not** a parent?

Name	Gender	Date of Birth	Country of Birth	Age
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____

Where and with whom does child(ren) currently reside? Please provide full contact details of Caymanian parent or guardian.

Name of Guardian	Relationship of Guardian (to Dependant)	Telephone
_____	_____	_____
Full Address (Street address & Country)	PO Box & KY	
_____	_____	
Personal Email	Employer	
_____	_____	

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ACCOMMODATION

Provide the following details of your current living arrangements

19. Type of Building Single Family Dwelling - House Apartment Town House Condominium Boarding Room/House

20. How many rooms are available for the employee and his/her family?

Bedrooms _____ Bathrooms _____ Living Rooms _____ Kitchens _____ Other _____

21. How many persons currently reside in this home including yourself? _____

What is their relationship to you? _____

22. Will any of these rooms be shared with other occupants of the dwelling? Yes No

If Yes, how many? Give details.

23. This accommodation is Owned by the Applicant Owned by the Caymanian Spouse
 Rented by the Applicant Rented by the Caymanian Spouse If rented, please skip to Question 24

Physical address _____

Block and Parcel number _____ - _____ District _____

Note: A certified copy of the Land Register evidencing ownership must be attached. If home is owned by Caymanian spouse's relative, a copy of the Land Register must be provided and accompanied by a letter from the homeowner explaining living arrangements and financial contributions if any. A copy of homeowner's identification (passport bio-data page) must be provided to confirm identity and signature on letter.

24. If Rented, what is the period of lease? _____

25. If Rented, the name and address of the Landlord is _____

(i) House No _____ (ii) Street Name _____ (iii) District _____

(iv) PO Box and KY _____ v) Telephone _____ iv) Email Address _____

FINANCES (INCOME & EXPENDITURE)

26. Do you receive any other additional regular financial support for your child(ren)? Yes No

27. If Yes, how much? CI\$ US\$ _____ Month Week Annum Other

If Other, explain _____

Note: Evidence of any legal obligations such as copy of ancillary divorce documentation, Court Orders (e.g., regarding Child Support, etc.) must be provided.

 Signature of Applicant

 Date (DD-MM-YY)

 Signature Spouse/Civil Partner

 Date (DD-MM-YY)



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DECLARATION

To be completed by Applicant and Spouse (if applicable)

I, the Applicant do hereby declare as follows:

- (a) that the above information contained in this Accompanying Dependant Information Supplement is correct to the best of my knowledge and belief;
- (b) I attest that my/our combined monthly income is sufficient to financially maintain and support all the declared household members and dependants listed on this; and
- (c) that I am aware that it is a criminal offence to make a statement or representation that is false in a material particular which I know to be false or do not believe to be true.

I, _____ being the spouse of the Applicant do declare as follows:
(Print name clearly)

- (a) I fully support my spouse's application to include his/her/our child(ren) as dependant(s) on his/her Residency & Employment Right Certificate and that I together with spouse undertake to be financially responsible for such dependant(s) day to day necessities (food, clothing, shelter, etc.) educational and medical needs during their stay in the Islands;
- (b) I attest that our combined monthly income is sufficient to financially maintain and support all the declared household members and dependants listed on this form;
- (c) I declare that the information provided above in respect of our combined household expenses is true and correct;

I, the undersigned person further declares as follows:

- (d) that the above information contained in this Accompanying Dependant Information Supplement is correct to the best of my knowledge and belief; and
- (e) that I am aware that it is a criminal offence to make a statement or representation that is false in a material particular which I know to be false or do not believe to be true.

Signature Spouse/Civil Partner

Date (DD-MM-YY)

Signature of Applicant

Date (DD-MM-YY)

THIS LIST IS A SUMMARY OF GENERAL REQUIREMENTS FOR ALL APPLICANTS. THE CAYMANIAN STATUS AND PERMANENT RESIDENCY BOARD OR THE DEPARTMENT OF WORC RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION OR DOCUMENTATION AS IT SEES FIT.

FOR ALL APPLICANTS

- Administrative non-refundable fee** of CI\$400
Note: any dependant fee(s) plus non-refundable repatriation fee(s) are payable if application approved. These potential fees are not due at time of application.
- Application Form**
One duly completed application form, signed and dated by applicant and employer (if applicable).

IF ADDING A DEPENDANT UNDER THE AGE OF 18

- Birth Certificate** Certified Copy
- Employment Letter** from both parents including hours worked per week, monthly income and other benefits receive.

IF ADDING A DEPENDANT OVER THE AGE OF 18

- Birth Certificate** Certified Copy
- Marriage Certificate** Certified Copy, if applicable
- If full-time student, a letter from school confirming acceptance/attendance.
- Employment Letter including hours worked per week, monthly income and other benefits received. You may submit an employment letter for your spouse if you feel it will aid your application.
- Police Clearance** Original signed and sealed. The Police Certificate will be less than 6 months old and from last place of residence.
- Original Medical Declaration Cover Letter**, as applicable. The Medical cover letter may be no older than one year of submission of the application.

IF ADDING A PARENT OR OTHER ADULT DEPENDANT

- Birth Certificate** Certified Copy and/or connection of all related persons.
- Affidavit** attesting that he/she is wholly or substantially dependant upon you and that you undertake responsibility for them during their residence in the Cayman Islands.
- Evidence of Financial Resources of dependant.
- Evidence of Financial Resources of applicant.
- 3 Written References** from persons who have known the dependant for at least 3 years. Include proof of the referees' identity.
- Police Clearance** Original signed and sealed. The Police Certificate will be less than 6 months old and from last place of residence.
- Original Medical Declaration Cover Letter**, required annually.

IF APPLICANT IS THE FATHER, IS UNMARRIED, AND ADDING A CHILD AS A DEPENDANT

- Proof of legal custody of the child
- Contact information for the child's mother or other details as to her whereabouts.
- Cover letter attached with summary of why the amendment is required.
- Employment Letter from father's employer including hours worked per week, monthly income and other benefits received. You may submit an employment letter for the child's mother if you feel it will aid your application.