



WORC

WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

VARIATION OF PERMANENT RESIDENCE and RESIDENCY & EMPLOYMENT RIGHTS CERTIFICATE TO ADD/REMOVE DEPENDANTS

The completed application should be addressed to: The Secretary, Caymanian Status & Permanent Residency Board or the Director of WORC P.O 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. Use separate sheet of paper if necessary. Retain a copy of all applications and attachments provided to Immigration.

This form is to be used if you are the holder of Permanent Residence/Residency & Employment Rights Certificate
Note: If you have a PR/RERC application pending, please use the RAD Form.
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) _____ Given Names (First Names) _____ Maiden Name _____
2. Nationality _____ Date of Birth _____ Place of Birth _____
3. Are you currently employed? Yes No
4. If Yes, what is the name of your employer? _____

DETAILS OF NON-CAYMANIAN DEPENDANTS

5. Please select one option only, (if more than one variation is required, you must submit a separate application and fee for each type):

I wish to add a Dependant I wish to remove a dependant

Important note: If Applicant is male - your request to add a dependant cannot be considered if you do not have proof of full legal custody or a signed custodial agreement between yourself and the mother of the child. 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.

Name	Gender	Date of Birth	Nationality	Relationship
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____

6. Do you have any non-Caymanian dependant(s) who are already added to your PR/RERC? Yes No

Yes, provide details for each dependant.

Name	Gender	Date of Birth	Nationality	Relationship
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____

VARIATION TO ADD DEPENDANTS FORM

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.

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

Yes, provide details for each dependant.

Yes	No	Nature of Offence	Date	Location	Verdict and Sentence
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8. 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?

Yes, provide details for each dependant.

Yes	No	Nature of Fine	Date	Location	Amount (CI\$)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9. 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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DEPENDANTS WITH CAYMANIAN SPOUSE OR OTHER CAYMANIAN PERSON (If applicable)

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

If you are the spouse of a Caymanian, answer Question #11. If you are not the spouse of a Caymanian, skip Question #11.

11. 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
_____	M F	_____	_____
_____	M F	_____	_____

Where and with whom does Caymanian children currently reside?

Name of Guardian	Relationship of Guardian (to dependant)	Telephone/Cell
_____	_____	_____

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Full Address (Street address & Country) _____ PO Box & KY _____

Personal Email _____ Employer _____

12. Do you have children by any other Caymanian person? Yes No If yes, how many? _____ List details below.

Name of child(ren)	Gender	Date of Birth	Country of Birth
_____	M F	_____	_____
_____	M F	_____	_____

Name of Caymanian parent	Gender	Date of Birth	Country of Birth
_____	M F	_____	_____

13. Does your Spouse have Caymanian children under age eighteen for which you, the Applicant, are not a parent? Yes No
 If yes, how many? _____ List details below.

Name	Gender	Date of Birth	Country of Birth	Age
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____

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 _____

ACCOMMODATION

Provide the following details of your current living arrangements

14. Type of Building Single Family Dwelling – House Apartment Town House Condominium Boarding Room/House

15. How many rooms are available for the applicant and his/her family?

Bedrooms _____ Bathrooms _____ Living Rooms _____ Kitchens _____ Other _____

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

What is their relationship to you? _____

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

If yes, how many? _____

If Yes, provide details.

18. 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 20.

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 data page) must be provided to confirm identity and signature on letter.

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

20. If Rented, the name and address of the Landlord is:

Name of Landlord _____

House No _____ Street name _____ District _____

PO Box _____ Telephone _____ Email Address _____

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FINANCES (INCOME & EXPENPENDITURE)

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

If Yes, how much? _____ per Week Month 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.

List all sources of financial support on the attached Monthly Income & Expense Report.

Signature of Applicant
(Cannot be Agency Signature)

Date (DD/MM/YYYY)

Signature of Spouse (if applicable)
(Cannot be Agency Signature)

Date (DD/MM/YYYY)

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.

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 **Variation to add Dependants** Form 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:

- (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 **Variation to add Dependants Form** 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 of Spouse
(Cannot be Agency Signature)

Date (DD/MM/YYYY)

Signature of Applicant
(Cannot be Agency Signature)

Date (DD/MM/YYYY)

Variation to add Dependants Form Checklist To Add or Remove Dependant(s) to an existing Permanent Residence/ Residency & Employment Rights Certificate

This list is a summary of general requirements for ALL applicants. The Director of WORC and the Caymanian Status & Permanent Residency Board reserve the right to request additional information or documentation.

FOR ALL APPLICANTS

Administrative non-refundable fee of CI \$500

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.

Cover letter attached with summary of why the amendment is requested.

Application form duly completed, signed and dated by applicant and employer (if applicable).

IF ADDING A DEPENDANT UNDER THE AGE OF 18

Certified copy of birth certificate.

Employment Letter from both parents including hours worked per week, monthly income and other benefits received.

IF ADDING A DEPENDANT OVER THE AGE OF 18

Certified copy of birth certificate.

Certified copy of marriage certificate, 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.

Original signed and sealed Police Clearance Certificate. 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

Certified copy of birth certificate 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.

Evidence of Health Insurance of Dependant.

3 written References from persons who have known the dependant for at least 3 years. Include proof of the referees' identity.

Original signed and sealed Police Clearance Certificate. The Police Certificate will be less than 6 months old and from last place of residence.

Original Medical Declaration Cover Letter required annually.

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

Proof of legal custody of the child/custodial agreement between father and mother.

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.

REMOVE DEPENDANT

Application fully completed, signed and dated by applicant and employer (if applicable).

Documentation supporting removal of dependant, e.g., death certificate, divorce decree, legal document of separation.