



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
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.
Use separate sheet of paper if necessary. Retain a copy of all applications and attachments provided to Immigration.

Please select one option only:

APPLICATION FORM CONTAINS 9 PAGES

- A. I am the spouse of a Caymanian** and I wish to include my dependant child(ren) on my application for a RERC
- B. I am the spouse of a Permanent Resident** and I wish to include my dependant child(ren) on my application for a RERC
- C. I currently possess Residency & Employment Rights** as the surviving spouse of a Caymanian and I wish to vary my RERC to include my dependant child(ren)
- D. I am now applying for Permanent Residence/Residency & Employment Rights Certificate** and I wish to include my dependant(s)
- E. I currently possess Permanent Residence/Residency & Employment Rights Certificate** and I wish to vary my RERC to include dependant(s)
- F. I wish to remove my dependant(s)**

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. Last Name (Surname) _____ First Name(Given name) _____ Maiden Name _____
2. Nationality _____ Date of Birth DD/MM/YY Place of Birth _____
3. Are you currently employed? Yes No
4. If Yes, what is the name of your employer? _____

PERSONAL DETAILS OF SPOUSE (Skip this section if you are applying under A or B above)

5. Is your spouse Caymanian? Yes No If No, what is spouse's Nationality? _____
6. Spouse Date of Birth DD/MM/YY Place of Birth _____
7. Last Name (Surname) _____ First Name(Given name) _____ Maiden Name _____
8. Is your spouse currently employed? Yes No
9. If Yes, what is the name and address of spouse's employer? _____

DEPENDANT INFORMATION FORM

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)'sr birth you must provide original DNA to prove paternity.

10. 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	Relationship	Is the listed spouse the biological parent?
<input style="width: 95%;" type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input style="width: 80%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
<input style="width: 95%;" type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input style="width: 80%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input style="width: 95%;" type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input style="width: 80%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

11. 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	No	Nature of Offence	Date	Location	Verdict and Sentence
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

12. 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 style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

13. 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 style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

DEPENDANT INFORMATION FORM

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

Yes No Nature of ill health (inferior health or impairment)

If No, does dependant have insurance coverage? Yes No

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

Address of insurance company _____ Telephone number _____

What is the policy number? _____

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

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

Question 16a & 16b to be completed by Male applicants only

16a. Are you married to the mother of your dependand child(ren)?

_____ Yes No If Yes, is the mother of this child currently your Dependand? Yes No If No, provide explanation of why you are requesting to add this child as your Dependand? _____

_____ Yes No If Yes, is the mother of this child currently your Dependand? Yes No If No, provide explanation of why you are requesting to add this child as your Dependand? _____

16b. Provide detailed information for your planned on-Island childcare arrangements.

If you are applying as the Spouse of a Permanent Resident, or the Spouse of a Caymanian, or a new Applicant for Permanent Residence, skip question 17.

17. Was the child(ren) being added at this time declared on your original RERC application form?

Yes No If No, explain why not

DEPENDANT INFORMATION FORM

18. Do you have any current dependant(s) that were previously included on your RERC application? Yes No N/A If Yes, list details below.

Name	Gender	Date of Birth	Nationality	Relationship
<input style="width: 95%;" type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input style="width: 95%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input style="width: 95%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input style="width: 95%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input style="width: 95%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Dependants with Caymanian Spouse or other Caymanian person (If applicable)

19. 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 #20.

20. 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 style="width: 95%;" type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input style="width: 95%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input style="width: 95%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>

Where and with whom does Caymanian children currently reside?

Name of Guardian	Relationship of Guardian (to Dependant)	Telephone/Cell
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Full Address (Street address & Country)	PO Box & KY
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Personal Email Employer

21. 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
<input style="width: 95%;" type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input style="width: 95%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input style="width: 95%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>

Name of Caymanian parent	Gender	Date of Birth	Country of Birth
<input style="width: 95%;" type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input style="width: 95%;" type="text" value="DD/MM/YY"/>	<input style="width: 95%;" type="text"/>

DEPENDANT INFORMATION FORM

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/Cell

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

Personal Email Employer

22. 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 <input type="checkbox"/> F <input type="checkbox"/>	DD/MM/YY		
	M <input type="checkbox"/> F <input type="checkbox"/>	DD/MM/YY		

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

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

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

Bedrooms Bathrooms Living Rooms Kitchens Other

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

What is their relationship to you?

26. Will any of these rooms be shared with other occupants of the dwelling? Yes No If Yes, how many? If Yes, provide details.

DEPENDANT INFORMATION FORM

27. 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 29

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.

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

29. If Rented, the name and address of the Landlord is: Name of Landlord _____

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

(iv) PO Box _____ (v) Telephone _____ (vi) Email Address _____

FINANCES (INCOME & EXPENDITURE)

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

If Yes, how much? _____ per 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.

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



Monthly Income and Expense Report

Please provide a breakdown of your **combined** monthly household and living expenses and income together with current employment letter of applicant and spouse, if applicable.

Please attach evidence (i.e. copies or bills/receipts) or major expenses such as Mortgage/Rental Agreements, Loan Agreement, Electricity bill, Water bill, Telephone bill, etc.

Monthly Expenses	CI\$	Monthly Income	
Mortgage/Rent		Salary - Applicant	
Electricity		Salary - Spouse (if any)	
Telephone/Cellular		Rental Income	
Water		Governmental Assistance	
Domestic Helper		Pension/Retirement Income	
School Fees		Child Support (Maintenance) Received	
Car Loan		Seaman's Benefit	
Bank Loan(s)		Investment Income	
Vehicle (Gas/Maintenance)		Other Income	
Credit Cards		Other Income	
Savings		Other Income	
Insurance		Other Income	
Groceries		Other Income	
Entertainment		Total Income	
Household Misc.			
Child Support (Maintenance) Paid			
Other Expense			
Other Expense			
Other Expense			
Other Expense			
Total Expenses			



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 Dependant Information 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:
 (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 Dependant Information 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
 original signature required

 Date dd/mm/yyyy

 Signature of Applicant
 (Cannot be Agency Signature)

 Date (dd/mm/yyyy)



Dependant Information Form Checklist To Add or Remove Dependant(s) to an existing 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 Dependand.
- 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 questionnaire as applicable. The full medical is only required every 3 years. The full medical includes an original HIV/VDRL lab report. The HIV/VDRL is required every six months.

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.

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.