



VARIATION OF PERMANENT RESIDENCE Independent Means (Sections 34 - 37)

The completed application 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.
Use separate sheet of paper if necessary.

APPLICATION FORM CONTAINS 4 PAGES

Note: Only persons who hold one of the following types of certificates may use this form.

I am the holder of a:

- Residency certificate for Persons of Independent Means (RIV) (Note: Holders of RIM DO NOT have the right to work)
- Certificate of Permanent Residence for Persons of Independent Means (RPV)
- Residency Certificate - Substantial Business Presence (RBV) Residency Certificate - Direct Investment (RDV)

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 new dependant I wish to remove a dependant I wish to vary my certificate for a dependant who is now 18 yrs old
- I wish to vary my certificate to allow the right to work I wish to add/change occupation

PERSONAL DETAILS OF APPLICANT

1. Last Name Maiden Name First Name(s)

2. Nationality Date of Birth Gender Male Female

Country of Birth

3. Passport number Date of Issue Place of Issue Date of Expiry

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

5. Physical Address

PO Box & KY/Mailing address Telephone/Cell

Personal Email Address

AGENT/REPRESENTATIVE DETAILS (if applicable)

6. Name of Agent/Representative

7. P.O. Box & KY/Mailing address

Physical address

8. Telephone/Cell Fax No Email Address

VARIATION OF PERMANENT RESIDENCY/RESIDENCY & EMPLOYMENT RIGHTS CERTIFICATE

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.

ADDITION OF DEPENDANTS

10. Please list details of dependant/s you wish to add to your residency.

Name	Gender (M/F)	Date of Birth	Nationality	Relationship
		D/MMM/YY		
		D/MMM/YY		
		D/MMM/YY		

CONTINUATION OF DEPENDANTS (at 18 yrs of age)

11. Please list details of dependant/s, who have recently turned 18 yrs old and you wish to vary your certificate to continue as a dependant

Name	Gender (M/F)	Date of Birth	Nationality	Relationship
		D/MMM/YY		
		D/MMM/YY		

REMOVAL OF DEPENDANT(S)

12. I wish to remove the following persons as my dependants

Name	Date of Birth	Nationality	Relationship
	D/MMM/YY		
	D/MMM/YY		
	D/MMM/YY		

Please clearly state the reasons why you wish to remove the dependant(s) listed above (i.e. divorce, not pursuing full-time tertiary education etc.)

ADD OR CHANGE OCCUPATION OR JOB TITLE

13. What is your current (approved) occupation, if any? _____

I wish to change my job title to

I wish to add an additional job title

I wish to vary my certificate for the right to work as

DECLARATION

Warning: It is an offence under the Immigration (Transition) Law, 2018 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 (Applicant) _____ Date _____

CHECKLIST TO VARY RESIDENCY TO ADD OR REMOVE DEPENDANTS / ADD OR CHANGE OCCUPATIONS / CONTINUE AT 18 YRS

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 deemed necessary.

- Cover Letter**
Letter requesting that child, children or spouse be included/excluded as a dependant on the applicant's Permanent Residence and including all relevant information regarding the request that you feel the Board should be aware of.
- Application Form**
One duly completed application form
- Application Fees**
Residency Certificate for Persons of Independent Means - CI\$500
Certificate of Permanent Residence for Persons of Independent Means - CI\$500
Residency Certificate - Substantial Business - CI\$500
Residency Certificate - Direct Investment - CI\$500
- Issue Fees**
If adding a dependant: CI\$1,000
If continuing after 18 years old: No fees (CI\$0.00)
No fees are applicable if removing a dependant or adding/changing an occupation.
- Proof of Identity**
Certified copy of photo and information page of applicant and dependant(s) passports

VARIATION of Certificate to Allow the Right to Work:

- Letter of Employment**
Letter from employer stating job title and salary

ADD/CHANGE Occupation or Job Title:

- Letter of Employment**
Letter from employer stating job title and salary

ADD - Dependant Spouse Information Required:

- Evidence of Marital Status/Civil Partnership**
Certified copies of marriage certificate and/or death & divorce decree(s) (where applicable if applicant and/or spouse was married/civil partner before)
- Original Medical Declaration Cover Letter**
The Medical cover letter may be no older than one year, of submission of the application.
- Police Clearance - Original, signed and sealed;** valid for six (6) months only from last place of residence
- Evidence of adequate health insurance that is accepted in the Cayman Islands**
Evidence that you have, at a minimum, a local standard health insurance contract as per Section 5 subsection (1) and (2) of the Health Insurance Law
- Proof of Identity**
Certified copy of photo and information page of passport

ADD - Dependant Child(ren) Information Required:

- Birth/Adoption Certificate of Dependant Child(ren)**
Certified copies of birth certificates (which must show parentage), or adoption orders in respect of all children being added.
If child is living in the Cayman Islands and is age 18 years or over, please provide proof of enrollment and attendance in tertiary education.
*If Dependant has been previously approved, you only need provide proof of enrollment and attendance tertiary education.
- Police Clearance (if over 18 years of age) - Original, signed and sealed;** valid for six (6) months only from last place of residence
- Original Medical Declaration Cover Letter** (if over 18 years of age)
The Medical cover letter may be no older than one year, of submission of the application.
- Proof of Legal Custody**
Male applicants who were not married to the birth mother of dependant child must submit a Court Order from country of origin of the child granting legal custody. Male applicants who were married to birth mother at the time of child's birth must also submit proof of legal custody together with a certified copy of marriage certificate and subsequent divorce decree from mother. Copy of death certificate if applicable. A letter signed, or notarized and signed by the birth mother giving permission for child to reside with father is **not** acceptable.
- Evidence of adequate health insurance that is accepted in the Cayman Islands**
Evidence that you have, at a minimum, a local standard health insurance contract as per Section 5 subsection (1) and (2) of the Health Insurance Law

ADD - Dependant Parent(s) Information Required:

- Certified** copies of marriage/civil partnership certificate for parent(s), if both parents are being applied for
- Proof of Identity**
Certified copy of photo and information page of passport(s)
- Original Medical Declaration Cover Letter**
The Medical cover letter may be no older than one year, of submission of the application
- Police Clearance - Original, signed and sealed;** valid for six (6) months only from last place of residence
- Evidence of adequate health insurance that is accepted in the Cayman Islands**
Evidence that you have, at a minimum, a local standard health insurance contract as per Section 5 subsection (1) and (2) of the Health Insurance Law
- Birth Certificate of applicant**

CONTINUATION AT 18 YRS - Dependant Child(ren) Information Required:

** The dependant must have been previously approved under your application for Certificate of Permanent Residence as a Person of Independent Means in order to qualify for a continuation**

- Original Medical Declaration Cover Letter**
The Medical cover letter may be no older than one year, of submission of the application
- Police Clearance - Original, signed and sealed;** valid for six (6) months only from last place of residence
- Proof of Enrolment in full-time tertiary education**
- Evidence of adequate health insurance that is accepted in the Cayman Islands**
Evidence that you have, at a minimum, a local standard health insurance contract as per Section 5 subsection (1) and (2) of the Health Insurance Law

*All certificates and documents (i.e. birth, marriage, death, divorce, police clearance etc.) which are in a foreign language must be accompanied with an original English translation. See online Guidelines for accepted translators.