



WORC

WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

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

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 SUBMITTED TO IMMIGRATION.

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

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 to allow the right to work

I wish to add/change occupation

I wish to vary my certificate for a dependant who is now 18 yrs old

PERSONAL DETAILS OF APPLICANT

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

2. Nationality _____ Date of Birth _____ Gender Male Female

Country of Birth _____

3. Passport No. _____ 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 _____

District _____ P.O. Box & KY _____ Telephone _____

E-Mail Address _____

VARIATION OF PERMANENT RESIDENCY/ RESIDENCY & EMPLOYMENT RIGHTS

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.

AGENT/REPRESENTATIVE DETAILS (if applicable)

6. Name of Agent/Representative _____
7. P.O. Box & KY/Mailing address _____
 Physical address _____
8. Telephone/Cell _____ Fax No. _____ E-Mail Address _____

ADDITION OF DEPENDANTS

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

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

CONTINUATION OF DEPENDANTS (at 18 yrs of age)

10. 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	Date of Birth	Nationality	Relationship
_____	M F	_____	_____	_____
_____	M F	_____	_____	_____

REMOVAL OF DEPENDANT(S)

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

Name	Date of Birth	Nationality	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.)

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.

ADD OR CHANGE OCCUPATION OR JOB TITLE

12. What is your current (approved) occupation? _____

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 Caymanian Protection Act (2022 Revision) 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 (DD/MM/YYYY)

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

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.

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 Laws 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.