



## APPLICATION FOR THE GRANT OF A WORK PERMIT (EMPLOYMENT CERTIFICATE)

An application for a Work Permit should be sent to: Cayman Enterprise City  
90 North Church Street, 2nd Floor, George Town, Grand Cayman, 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.

**NOTES:** (i) Refer to the checklist accompanying this form for additional documents required to process this application. (iv) Use separate sheet of paper, where necessary, to thoroughly answer each question.

APPLICATION FORM CONTAINS 9 PAGES

### PART 1 - To Be Completed By the Prospective Employee

1. Surname (Last Name) \_\_\_\_\_ Maiden Name \_\_\_\_\_ Given Names (First Names) \_\_\_\_\_

2. Nationality \_\_\_\_\_ Date of Birth  Gender: Male  Female

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

4. Any other Names known by \_\_\_\_\_ Personal Email Address: \_\_\_\_\_

5. Address: \_\_\_\_\_

District: \_\_\_\_\_ P.O. Box and KY: \_\_\_\_\_ Telephone: \_\_\_\_\_

6. What is your marital status? (certified copy of relevant legal document should be attached, where applicable)

Single  Married  Divorced  Separated  Civil Partnership  Dissolved Civil Partnership

Name and nationality of spouse/civil partner \_\_\_\_\_

7. Expiry date of present work permit (if any)

8. (i). What date did you first arrive in the Cayman Islands? Date:

(ii). What date did your first employment in the Cayman Islands begin? Date:

(iii). Was this employment authorised by:

(a)  A Work Permit

(b)  A Government Contract

(c)  Other form of Authorisation (For example, were you exempted from work permit requirements under the Immigration Law or any previous immigration legislation?) Please explain.

(iv). Since your first arrival in the Cayman Islands have you ever been named as a dependant on another person's work permit/government contract/exemption?

Yes  No If you answered yes, please provide name of permit holder: \_\_\_\_\_

(v). Since your first arrival have you at any time left the Cayman Islands for a period in excess of one year?  Yes  No

If yes, please give dates of and reasons for the absence: \_\_\_\_\_

**SEZA WORK PERMIT GRANT**

Application for the Grant of a Work Permit (Employment Certificate)

9. Dates and addresses of all places where you have lived for more than 6 months during the past 10 years, if other than stated in reply to question 5.

From	To	Address
DD/MM/YY	DD/MM/YY	
DD/MM/YY	DD/MM/YY	
DD/MM/YY	DD/MM/YY	

10. What position are you applying for?

11. (i). Have you ever previously made an application (whether granted or not) to work in the Cayman Islands?  Yes  No

If so, please provide details, dates, and state whether the applications were granted or refused.

(ii). Is this or any other decision presently under appeal to the Immigration Appeals Tribunal?  Yes  No

12. List your dependants.

Name	Relationship	Address

13. Do you have any relatives or dependants who currently reside/work in the Cayman Islands?

Name	Relationship	Address

14. Please list the particulars of any dependants (spouse, children or others) who you wish to accompany you to the Cayman Islands.

Name	Date of Birth	Nationality	Relationship	Country of Residence
	DD/MM/YY			
	DD/MM/YY			

15. (i). Have you, or any dependant accompanying you, ever been charged or convicted of a criminal offence in any country, including the Cayman Islands? If so, please detail ALL offences.  Yes  No

Nature of offence	Date	Location	Verdict and Sentence
	DD/MM/YY		
	DD/MM/YY		

**SEZA WORK PERMIT GRANT**

**Application for the Grant of a Work Permit (Employment Certificate)**

(ii). Have you ever been deported from or refused entry to:

(a) the Cayman Islands  Yes  No If you answered yes, please give details

(b) any other Country  Yes  No If you answered yes, please give details

16. Have you ever been bankrupt or owned shares, equity or rights in a non-public quoted company or been a director, manager, or officer of a company, partnership or entity which went bankrupt or ceased trading without creditors being paid in full?  Yes  No

If you answered yes, please provide dates and details in your cover letter.

17. Are you solvent? (Are you able to pay all debts/bills as they become due?)  Yes  No If no, please explain.

18. Have you ever been actively involved in politics in or outside the Cayman Islands?  Yes  No

If you answered yes, please give dates and details:

19. Have you ever had a permit to work refused, revoked or not renewed upon application in any country during the past 15 years?  Yes  No

If yes, when, where and for what reasons?

20. Are you, and all dependants accompanying you, in good physical and mental health?  Yes  No

If no, please give details:

21. (i). Is English your native language?  Yes  No If no, what is your native language?

(ii). Do you speak English?  Yes  No (iii). Do you write English?  Yes  No

**Important note:** If from a non-English speaking country, the applicant will be required to undertake an English test. If the applicant receives a failing score, they will not be able to take up employment in the Cayman Islands.

**DECLARATION**

I declare the information contained in this application to be correct to the best of my knowledge and belief and I am aware that it is a criminal offence to make a statement or representation that is false in a material fact which I know to be false or do not believe to be true.

In accordance with Section 56(4)(b) of The Immigration (Transition) Act, 2021, I hereby agree to submit to being Fingerprinted/Palm-printed for the purpose of identity verification and criminal checks domestically and internationally.

\_\_\_\_\_  
Signature of prospective worker

\_\_\_\_\_  
Date (DD/MM/YY)

Application for the Grant of a Work Permit (Employment Certificate)

**PART 2 - To Be Completed By the Employer**

1. Name of employer or employing company \_\_\_\_\_  
Trade name (if different from above) \_\_\_\_\_

1.a. Is Permit to be shared?  Yes  No  
If Yes, Name of additional employer \_\_\_\_\_  
Phone of additional employer \_\_\_\_\_ e-Mail of additional employer \_\_\_\_\_

2. Postal Address & KY \_\_\_\_\_

3. Telephone (Work) \_\_\_\_\_ Telephone (Home) \_\_\_\_\_ Email Address \_\_\_\_\_

4. Nature of business or occupation of employer \_\_\_\_\_  
Name of your employer \_\_\_\_\_ Employer's Address \_\_\_\_\_

5. Position being filled (by prospective employee) \_\_\_\_\_

6. (i). How much will the worker receive in salary or wages? \_\_\_\_\_  
(ii). What is the minimum number of hours the employee will be required to work? \_\_\_\_\_  per day  per week  per month  
(iii). What other benefits, (if any) does the worker receive? \_\_\_\_\_  
\_\_\_\_\_

7. Is this prospective employee being recruited from a non-English speaking country?  Yes  No  
(i). If "YES", are you aware of the requirements of the English Skills Test which must be undertaken by the prospective employee upon arrival in the Cayman Islands?  
\_\_\_\_\_  
(ii). Are you satisfied that the prospective employee has a basic understanding of the English language in both spoken and written form as required?  Yes  No  
(iii). What steps have you taken to satisfy yourself that the prospective employee can speak and write the English language to the level required?  
\_\_\_\_\_  
\_\_\_\_\_

8. For what period is the permit required  1 year  2 years  3 years  4 years  5 years (ii) What is the proposed start date? \_\_\_\_\_

**DECLARATION** I declare the information contained in this application to be correct to the best of my knowledge and belief and I am aware that it is a criminal offence to make a statement or representation that is false in a material fact which I know to be false or do not believe to be true.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date (DD/MM/YY)

\_\_\_\_\_  
Signature of Additional Employer (if applicable)

\_\_\_\_\_  
Date (DD/MM/YY)



SPECIAL ECONOMIC ZONE LAW (2011)

# WORK PERMIT PAYMENT LOG

Employer

Employee

Occupation

Number of Accompanying Dependents:

TOTAL FUNDS SUBMITTED CI\$

PAYMENT METHOD: CASH / CHEQUE

CHEQUE NUMBER



# Health Insurance and Pension - Supplement To Work Permit Application (Temp/Grant/Renewal)

## Questions relating to the Provision of Pension Benefits and Health Insurance

### Supplement - To Be Completed By Employer and Attested To By The Employee

#### PENSION PLAN

In accordance with the National Pensions Law after an employee has completed 9 months of employment in the Cayman Islands, the enrollment & payment of pension contributions are mandatory.

1. Do you have a valid Pension Plan for this employee in accordance with the National Pensions Law and its current revisions?  Yes  No

If No, please explain? \_\_\_\_\_

2. What is the name of the Company and Administrator of your registered Pension Plan?

Company	_____	Telephone No	_____
E-Mail Address	_____	Employee Pension No	_____
Registration No	_____		

3. Are your Company's Pension Plan contributions for this employee paid up to date?  Yes  No

If No, why not? \_\_\_\_\_

#### HEALTH INSURANCE

In accordance with the Health Insurance Law every person, and their dependants, resident on Island must have health insurance coverage effected by their employer.

1. Do you have a valid Health Insurance Plan for this employee in accordance with the Health Insurance Law and its revisions and regulations thereunder?  Yes  No

If No, why not? \_\_\_\_\_

2. What is the name of the Company and Administrator of your registered Health Insurance Plan?

Company	_____	Telephone No	_____
E-Mail Address	_____	Employee Membership No	_____
Policy No	_____		

3. Are your health insurance premiums for this employee paid up to date?  Yes  No

If No, why not? \_\_\_\_\_

#### EMPLOYER'S DECLARATION:

I declare that the information given above is correct and confirm that the employee for whom the work permit is being sought is or will become a member of the above Health Insurance Plan in accordance with the Health Insurance Law and is a member or will join the above Pensions Plan in accordance with the National Pensions Law.

I understand that I will be responsible for any medical expenses incurred by the employee and their dependants in the absence of a standard health insurance contract.

I understand making a false statement or representation knowing the same to be false in accordance with the Immigration (Transition) Act, 2021, I am liable on conviction to a fine of up to CI \$5,000.00 and imprisonment of one year.

Name of Employer \_\_\_\_\_

Authorized signatory for and on behalf of Employer \_\_\_\_\_  
Cannot be Agency signature

Print Name \_\_\_\_\_

Date (DD/MMM/YY) \_\_\_\_\_

#### EMPLOYEE'S DECLARATION:

I declare that the information given above is correct and confirm that the employer from which I seek employment has or will enrol me in the Health Insurance Plan and has or will enrol me in the above Pension Plan (unless exempted by Pensions Law).

I understand making a false statement or representation knowing the same to be false in accordance with the Immigration (Transition) Act, 2021, I am liable on conviction to a fine of up to CI \$5,000.00 and imprisonment of one year.

Name of Employee \_\_\_\_\_

Signature \_\_\_\_\_  
Cannot be Agency signature or Employer

Date (DD/MMM/YY) \_\_\_\_\_



## ACCOMMODATION FORM

It is a Government requirement that suitable accommodation must be available for the employee and for any dependants. Accordingly, this form must be completed in full by the Employer, attested to by the Employee and Landlord/Rental Agent, and submitted along with the Work Permit Application Form.

**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**

1. Is the perspective Employee on Island? Yes  No  If No, move to question 9.

2. Employee's Physical Address \_\_\_\_\_

District \_\_\_\_\_ PO Box and KY \_\_\_\_\_ Telephone \_\_\_\_\_

Block and Parcel No \_\_\_\_\_ - \_\_\_\_\_

3. Type of Building Dwelling House  Apartment  Hotel

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

Bedrooms \_\_\_\_\_ Bathrooms \_\_\_\_\_ Living Rooms \_\_\_\_\_ Kitchens \_\_\_\_\_

5. Will any of these rooms be shared with other occupants of the dwelling? Yes  No  If Yes, give details - including number of other occupants and which rooms

\_\_\_\_\_

6. This accommodation is Owned by the Employer  Owned by the Employee  Rented by the Employer  Rented by the Employee

7. If Rented, what is the period of lease? \_\_\_\_\_

8. If Rented, the name and address of the Landlord/Rental Agency is \_\_\_\_\_

(i) House No \_\_\_\_\_ (ii) Street Name \_\_\_\_\_

(iii) District \_\_\_\_\_ (iv) PO Box and KY \_\_\_\_\_ (v) Telephone \_\_\_\_\_

9. When the Employee arrives on Island, to work, please advise on their proposed accommodation:

Physical Address: \_\_\_\_\_

\_\_\_\_\_

I understand and agree that a representative of the Department of WORC may be required to view the premises described above at any reasonable hour of the day.

I declare that the information provided above by me is true and correct and I understand and accept that if it is proven that I have made a false statement, I am liable on conviction to a fine of CI \$5,000 and imprisonment for one year.

\_\_\_\_\_  
 Print Landlord Name

\_\_\_\_\_  
 Landlord Signature

\_\_\_\_\_  
 Date (dd/mmm/yyyy)

\_\_\_\_\_  
 Print Employee Name

\_\_\_\_\_  
 Primary Employee Signature

\_\_\_\_\_  
 Date (dd/mmm/yyyy)

\_\_\_\_\_  
 Print Primary Employer Name

\_\_\_\_\_  
 Primary Employer Signature

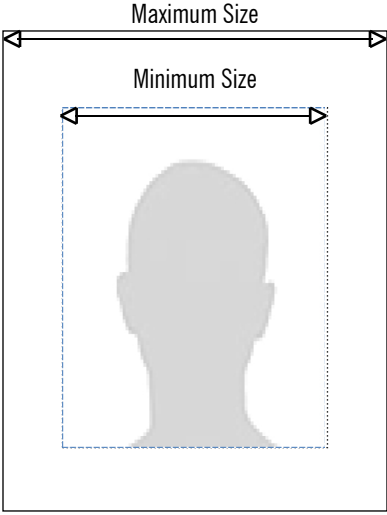
\_\_\_\_\_  
 Date (dd/mmm/yyyy)



# PHOTOGRAPH TEMPLATE Applicants Only

Surname (Last Names)	Given Names (First Names)	Maiden Name (if applicable)
File Number (if known)	(Also known as "Work Reference Number")	Application Date
		Date of Birth
		D/MMM/YY
		D/MMM/YY

**Applicant Full Face Photo**



Full Face Photograph

***Do Not Use Staples!***  
***Photographs may be taped or glued to the picture diagrams.***

- Instructions:**
- For Work Permit Grant, Work Permit Renewal, Permanent Residency and Cayman Status applications, provide Full Face Photo (1 photo).
  - Print Last Name, First Name(s), and Date of Birth on the back of photograph.
  - The photograph must:
    - be a "passport type" photograph
    - be in colour
    - be taken within the past 12 months
    - show full face (shoulders and above)
    - have no head covering
    - have a plain white background
    - be between 45mm by 35mm (1.77 inches by 1.38 inches) and 63mm by 50mm (2.5 inches by 2 inches), see diagram below
    - be unmounted
    - be printed on normal photographic paper
    - if digital, have resolution of at least 800 dpi (dots per inch)
  - Blurred photographs will not be accepted.
  - Stick-on labels will not be accepted.



## WORK PERMIT CHECKLIST

This list is a summary of general requirements for ALL applicants.  
The WORC Department reserves the right to request additional information or documentation as it sees fit.

- Application forms** duly completed, signed and dated by employee and employer. **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.**
- A **Release Letter**, signed by the current employer, where the applicant is changing jobs prior to the expiry of their current work permit from employer. Where one is not forthcoming, a letter of explanation and any supporting documentation is required.
- Signed and sealed, **Police Clearance certificate** - less than 6 months old, from last place of residence.
- Medical declaration cover letter** - may be no older than one year old at date of submission.
- 1 full face passport sized **photograph**
- Where the **Trade Certificate (as a SEZC)** has expired, a copy of the receipt of payment for renewal from employer.
- A **Cover Letter** from the Employer explaining the need for the Employee.
- Cuban National:** Certified copy of Cuban Visa       **English Test** (proof of passing score if from non-English speaking country)

### For Accompanying Dependants

- Child(ren):** 17 years and under:
  - 1) a certified birth certificate (first time adding)
  - 2) a letter from a local school confirming acceptance/attendance.
- Child(ren):** 18 years and older:
  - 1) An original medical declaration cover letter (less than 1 year old)
  - 2) certified birth certificate (first time adding)
  - 3) signed and sealed Police Clearance certificate (less than six months old, from last place of residence)
  - 4) letter from school confirming acceptance/attendance (required annually).
- Spouse/Civil Partner:**
  - 1) a medical declaration cover letter (less than 1 year old)
  - 2) certified copy of marriage/civil partnership certificate (first time adding)
  - 3) signed and sealed Police Clearance certificate (less than six months old, from last place of residence)
  - 4) Affidavit (AF66-10) to be completed if applying under Section 66(10)
- Income and expense report (if monthly combine salary fall below CI\$3,500)