



WORC

WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

SEZA-R



SPECIAL ECONOMIC
ZONE AUTHORITY
Cayman Islands Government

APPLICATION FOR THE RENEWAL 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. (ii) Use separate sheet of paper, where necessary, to thoroughly answer each question.

APPLICATION FORM CONTAINS 9 PAGES

PART 1 - To Be Completed By Employee

1. Surname (Last Name)		Maiden Name		Given Names (First Names)	
2. Nationality		Date of Birth		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
3. Passport number		Date of Issue		Place of Issue	
4. Any other names known by		Personal Email Address		Date of Expiry	
5. Address					
District		PO Box and KY		Phone	
6. What is your marital status? (certified copy of relevant legal document should be attached, where applicable)					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Dissolved Civil Partnership					
Name and nationality of spouse/civil partner					
7. Date of expiry of present work permit					
8. Job title of position being renewed					

SINCE YOUR PREVIOUS APPLICATION:

9. Have you married, civil partnership, divorced or separated? (certified copy of relevant legal document must be attached) Yes <input type="checkbox"/> No <input type="checkbox"/>					
<input type="checkbox"/> Married/Civil Partnership : Date		<input type="checkbox"/> Divorced/Dissolved Civil Partnership : Date		<input type="checkbox"/> Separated : Date	
10. Have you obtained any professional or technical qualifications (certified copy must be attached)? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes, list all					

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

11. Have you been charged or convicted of any criminal offence, in any country (including the Cayman Islands), during your past or present work permit(s)? If yes, list details.

Yes ☐ No ☐

Nature of Offence	Date	Location	Verdict and Sentence
	D/MMM/YY		
	D/MMM/YY		

12. Please list the particulars of any dependants (spouse, children or others) whom you wish to accompany you to the Cayman Islands or are already residing in the Cayman Islands.

Name	Date of Birth	Nationality	Relationship	Country of Residence	Add to Work Permit
	D/MMM/YY				Yes <input type="checkbox"/> No <input type="checkbox"/>
	D/MMM/YY				Yes <input type="checkbox"/> No <input type="checkbox"/>
	D/MMM/YY				Yes <input type="checkbox"/> No <input type="checkbox"/>

13. Have any of your accompanying dependants been charged or convicted of any criminal offence, in any country (including the Cayman Islands), during your past or present work permit(s)? If yes, list details.

Yes ☐ No ☐

Nature of Offence	Date	Location	Verdict and Sentence
	D/MMM/YY		
Name			
	D/MMM/YY		
Name			

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.

		D/MMM/YY
Print Employee Name	Employee Signature Cannot be Agency signature	Date (dd/mmm/yyyy)

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

PART 2 - To Be Completed By Employer

1. Name of Employer

Trade Name (if different from above)

PO Box & KY Telephone Email Address

2. Is Permit to be shared? ☐ Yes ☐ No *NOTE: Permits may only be shared by companies within the Special Economic Zone

If Yes, Name of additional employer

PO Box & KY Telephone Email Address

3. Nature of business (or occupation of employer)

4. State under which Law business is licenced to operate

Expiry date of expiry of current licence Current license number

5. Job title of position to be renewed

6. What qualifications does the prospective employee possess that are relevant to the job to be filled?

7. How many years of experience does the prospective employee possess that are relevant to the job to be filled?

8. How many people do you currently employ? Of those you employ, how many are Caymanian?

9. If you employ non-Caymanians, provide nationality and the number of persons per nationality

Nationality	No of Persons	Nationality	No of Persons
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. (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) will the worker receive?

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

11. (i). If shared, 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) will the worker receive?

12. For what period is the permit required ☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years

Under the Immigration (Transition) Act, 2021, domestic helpers, teachers, doctors, nurses and ministers of religion may be granted a work permit for a period of up to 5 years.

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.

<hr/>	<hr/>	<div>D/MMM/YY</div>
Print Primary Employer Name	Primary Employer Signature	Date (dd/mmm/yyyy)
<hr/>	<hr/>	<div>D/MMM/YY</div>
Print Additional Employer Name (if any)	Additional Employer Signature	Date (dd/mmm/yyyy)



WORC

WORKFORCE OPPORTUNITIES & RESIDENCY CAYMAN
CAYMAN ISLANDS GOVERNMENT

SPECIAL ECONOMIC ZONE LAW (2011)

WORK PERMIT PAYMENT LOG

Employer

Employee

Occupation

Number of Accompanying Dependants:

WORK PERMIT FEE (for first year only)

CI\$

ADMINISTRATION FILING FEE

CI\$

DEPENDANT(S) FEE (per dependant for first year only)

CI\$

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

Print Name

Date (DD/MMM/YY)

Cannot be Agency signature

Name of Employee

Signature

Date (DD/MMM/YY)

Cannot be Agency signature or Employer

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.

ACCOMMODATION SUPPLEMENT

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/mm/yyyy)

Print Employee Name

Primary Employee Signature

Date (dd/mm/yyyy)

Print Primary Employer Name

Primary Employer Signature

Date (dd/mm/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")

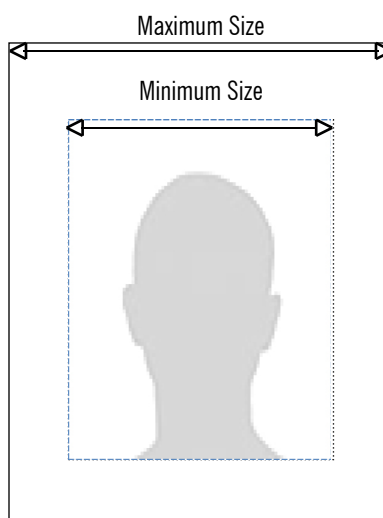
Application Date

D/MMM/YY

Date of Birth

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 RENEWAL 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.**
- ☐ **Cover letter signed by Employer** with detailed summary of why the work permit is required.
- ☐ **Renewal** fee CI\$1230.
- ☐ Certified copies of newly acquired **educational certificate/diplomas/degrees**.
- ☐ Signed and sealed, **Police Clearance certificate** - less than 6 months old
- ☐ **Medical declaration cover letter** - may be no older than one year old at date of submission
- ☐ 1 full face passport sized **photograph** (See online guidelines)
- ☐ Where the employer is licensed by another body other than the Trade & Business Licensing Board, proof of current license or copy of the receipt of payment for the renewal

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) A 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 combined salary falls below CI\$3,500)