



# WORK PERMIT BOARD

## APPLICATION FOR THE RENEWAL OF A WORK PERMIT

An application for a work permit should be addressed to:  
 The Director of WORC, P.O. Box 1098, Grand Cayman KY1-1102, CAYMAN ISLANDS. (for Grand Cayman Applications)  
 OR

The Secretary to the Work Permit Board, P.O. Box 1098, Grand Cayman KY1-1102, CAYMAN ISLANDS. (for Grand Cayman Applications)  
 OR

The Secretary to the Cayman Brac and Little Cayman Immigration Board, Government Administration Building,  
 P.O. Box 240, Cayman Brac KY2-2101, Cayman Islands. (for Cayman Brac and Little Cayman Applications)

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. (iii) If the employer / additional employer is a company; all communication will be sent to the contact information associated with the company's Trade & Business License as held by the Department of Commerce and Investment.

### PART 1 - To Be Completed By Employee

APPLICATION FORM CONTAINS 8 PAGES

**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. File Number (if known)  (Also known as "Work Reference Number")

2. Surname (Last Name)  Maiden Name  Given Names (First Names)

3. Nationality  Date of Birth  Gender Male  Female

4. Passport No  Date of Issue  Place of Issue  Date of Expiry

5. Any other names known by  Personal E-Mail Address

6. Address   
 District  PO Box and KY  Phone

7. 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

8. Date of expiry of present work permit

9. Job title of position being renewed

### SINCE YOUR PREVIOUS APPLICATION:

10. Have you married, civil partnership, divorced or separated? (certified copy of relevant legal document must be attached) Yes  No   
 Married/Civil Partnership : Date   Divorced/Dissolved Civil Partnership : Date   Separated : Date

11. Have you obtained any professional or technical qualifications (certified copy must be attached)? Yes  No   
 If yes, please list all:

**WORK PERMIT BOARD**

**Application For The Renewal of A Work Permit**

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.

12. 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		

13. 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"/>

14. 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		

<b>Name</b>	

<b>Name</b>	

**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 Employee

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

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 Use separate sheet of paper if necessary.

**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.

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

**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. Name of employer or employing company \_\_\_\_\_ Date of Birth \_\_\_\_\_ DD/MM/YY  
 Trade Name (if different from above) \_\_\_\_\_

2. Is Permit to be shared?  Yes  No If Yes, Name of additional employer \_\_\_\_\_  
 Phone of additional employer \_\_\_\_\_ e-Mail of additional employer \_\_\_\_\_  
 Is additional employer a person?  Yes  No If Yes, provide Date of Birth \_\_\_\_\_ D/MMM/YY  
 If Yes, also provide Employer of additional personal employer \_\_\_\_\_

2. a. Position to be filled with additional employer. \_\_\_\_\_

2. b. How much will the employee receive in salary or wages from additional employer?  CI\$  US\$ \_\_\_\_\_  hour  day  week  month

2. c. How many hours is the worker required to work each week with additional employer? \_\_\_\_\_

3. Postal Address \_\_\_\_\_

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

5. Nature of business (or occupation of employer) \_\_\_\_\_  
 \*Name of your employer \_\_\_\_\_ Employer's Address \_\_\_\_\_

6. State under which Law business is licenced to operate \_\_\_\_\_  
 Expiry date of expiry of current licence \_\_\_\_\_ D/MMM/YY Current license number \_\_\_\_\_

7. Job title of position to be renewed \_\_\_\_\_

8. What qualifications and how many years of experience does the prospective employee possess that are relevant to the job to be filled? \_\_\_\_\_  
 \_\_\_\_\_

9. Has this job been registered on the JobsCayman portal? If yes, please provide the Job ID, and copy of full job posting.  
 Yes  No Job ID: \_\_\_\_\_

10. i. Has the job been advertised locally or overseas in a written or online newspaper or other media? If yes, please provide copies of the advertisements.  Yes  No  
 ii. If the job was advertised locally or overseas, did a Caymanian or Permanent Resident apply?  Yes  No  
 If Yes, how many applied and why were none hired? \_\_\_\_\_

11. How many people do you currently employ? \_\_\_\_\_ Of those you employ, how many are Caymanian? \_\_\_\_\_ How many are Permanent Residents? \_\_\_\_\_

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 Use separate sheet of paper if necessary.

12. If you employ Work Permit Holders, provide nationality and the number of persons (Use separate sheet as necessary):-

Nationality	No of Persons	Nationality	No of Persons

13. (i). How much will the worker receive in salary or wages?  CI\$  US\$ \_\_\_\_\_  hour  day  week  month

(ii). How many hours is the worker required to work each week? \_\_\_\_\_

(iii). What other benefits, (if any) will the worker receive? \_\_\_\_\_

(iv). If position being applied for is domestic helper, will the worker reside in the same residence as the employer?  Yes  No

(v). If worker will receive gratuities, does the employer have a gratuities scheme in place approved in writing by the Director of Labour?  Yes  No  
 (If yes, please provide copy of Approval)

14. If a Regulation 6 requirement was placed on your business, have you provided an update as required?  Yes  No If no, please explain.

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

Under section 63 (2) of 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.

16. I am requesting that the approval coincides with my spouse's work permit, per Section 66(10) of the Immigration(Transition) Act, 2021.  Yes  No

**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  
 (Cannot be Agency signature)

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

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

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



# 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

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#### 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, please explain: \_\_\_\_\_

#### 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, please explain: \_\_\_\_\_

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, please explain: \_\_\_\_\_

#### 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 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.

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1. Is the prospective 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

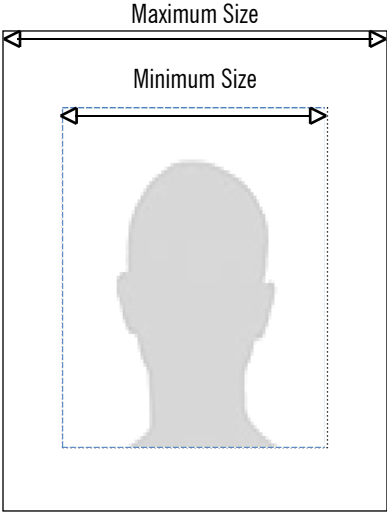
\_\_\_\_\_  
Date (dd/mmm/yyyy)



**PHOTOGRAPH TEMPLATE**  
**Applicants Only**

Surname (Last Names)	Given Names (First Names)	Maiden Name (if applicable)
File Number (if known) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	(Also known as "Work Reference Number")	Application Date <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; text-align: center;">D/MMM/YY</span>
		Date of Birth <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; text-align: center;">D/MMM/YY</span>

**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 BOARD - 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(s) signed by Employer and Additional Employer (if applicable)** with detailed summary of why the work permit is required.
- Correct **work permit fee**, including non-refundable CI\$100 application fee, dependant fee if applicable.
- A full page copy of **newspaper advertisements** (if advertised in a local or overseas newspaper)- with visible dates, including salary range and all other benefits.
- Resume of all Caymanian applicants** including JobsCayman referrals and self-referrals explaining why they were not hired for the position.
- Certified copies of newly acquired **educational certificate/diplomas/degrees**.
- Original signed and sealed, **Police Clearance certificate** - less than 6 months old
- Original **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)     **Cuban Nationals** provide certified copy of Cuban Visa
- 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 private 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) original 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) an original medical declaration cover letter (less than 1 year old)
  - 2) certified copy of marriage/civil partnership certificate (first time adding)
  - 3) original 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)

### ADDITIONAL REQUIREMENTS BY INDUSTRY

<input type="checkbox"/> <b>Construction:</b> Copy of Immigration Form A (or a list of clients including addresses and telephone numbers) AND copies of signed contracts, from employer, redacted where appropriate. A customized version of Form A can be provided by companies who have more than 15 contracts, however each page must have declaration on it and be signed and dated.	<input type="checkbox"/> <b>Janitorial or Gardening:</b> Copy of Immigration Form A (or a list of clients including addresses and telephone numbers)
<input type="checkbox"/> <b>Domestic, nanny or caretaker:</b> Certified copies of birth certificates of children to be cared for.	<input type="checkbox"/> <b>If regulated by CIMA:</b> Written approval for Senior Finance/Banking professional (e.g. Managing Director, CEO)
<input type="checkbox"/> <b>Nurse/ Health Practitioner:</b> Approval from Health Practitioner's Board	<input type="checkbox"/> <b>Veterinary:</b> Approval from Veterinary Board
<input type="checkbox"/> <b>Electrical:</b> Certified copy of license from Electrical Board of Examiners and the ratio of Electricians to apprentice/wiremen	<input type="checkbox"/> <b>Driver:</b> Certified copy of license from the Public Transport Board for the appropriate category of vehicle
<input type="checkbox"/> <b>Security Officer:</b> Copy of license from the Royal Cayman Islands Police (RCIP)	<input type="checkbox"/> <b>Caretaker for the elderly or infirm:</b> A Physicians letter confirming the illness if under 65 years of age (proof of age is required)
<input type="checkbox"/> <b>Plumbing:</b> Certified copy of license	<input type="checkbox"/> <b>Employment Agency:</b> Proof of past and future employment for the applicant
<input type="checkbox"/> <b>Farming:</b> Certified copy of certification from the Department of Agriculture	<input type="checkbox"/> <b>Mobile Car Wash:</b> Copy of Mobile Car Wash Vehicles' Logbook(s) and Insurance Certificate(s)
<input type="checkbox"/> <b>Diving:</b> Certified copy of PADI/NAVI qualifications	