AMD2

IMMIGRATION
CAYMAN ISLANDS

CAYMAN ISLANDS IMMIGRATION LAW

AMENDMENT/VARIATION - APPLICATION TO ADD OR REMOVE DEPENDANT(S)

When completed, this application form should be sent to the relevant office:
The Chief Immigration Officer, The Secretary of the Work Permit Board,
The Secretary of the Business Staffing Plan Board, P.O Box 1098 Grand Cayman KY1-1102, or
The Secretary of the Cayman Brac & Little Cayman Immigration Board Department of Immigration,
P.O Box 240 SPO, Cayman Brac as appropriate. Application must be accompanied by a filing fee of CI$100

Please do not leave any question blank. If a question does not apply to you please insert, "Not Applicable" in the space provided.
AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE SENDER.

APPLICATION FORM CONTAINS 3 PAGE

Applicant Details

1. Last Name _____ 2.. First Name _____ 3. Date of Birth DD/MM/YY

4. Employer's Name (if applicable) _____

Please select one of the following options for the type of amendment you are now applying for:

☐ **Add dependant(s)**

Dependant(s) name(s)	Date of Birth	Nationality	Relationship
	DD/MM/YY		
	DD/MM/YY		

Please give reasons for wishing to add dependant(s): _____

Please give details of, Your monthly income/hourly rate _____ Your spouse's monthly income/hourly rate _____

These questions must be answered for each dependant listed above.

Name of dependant (1): _____

(i). Has this dependant ever been charged or convicted in a court of law of a criminal offence in any country? ☐ Yes ☐ No If you answered yes, please provide details.

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

(ii). Has this dependant ever been required to pay an administrative fine for an offence in the Cayman Islands or other country, other than for a traffic offense? ☐ Yes ☐ No

If you answered yes, please provide details.

Nature of fine	Date	Location	Amount (CI$)
	DD/MM/YY		
	DD/MM/YY		

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.

(iii). Has this dependant ever been sanctioned by a professional ethics body, licensing board or any other regulating body? ☐ Yes ☐ No

If you answered yes, please provide details.

Nature of sanction	Date	Location	Reasons
	DD/MM/YY		
	DD/MM/YY		

Name of dependant (2):

(i). Has this dependant ever been charged or convicted in a court of law of a criminal offence in any country? ☐ Yes ☐ No If you answered yes, please provide details.

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

(ii). Has this dependant ever been required to pay an administrative fine for an offence in the Cayman Islands or other country, other than for a traffic offense? ☐ Yes ☐ No

If you answered yes, please provide details.

Nature of fine	Date	Location	Amount (CI$)
	DD/MM/YY		
	DD/MM/YY		

(iii). Has this dependant ever been sanctioned by a professional ethics body, licensing board or any other regulating body? ☐ Yes ☐ No

If you answered yes, please provide details.

Nature of sanction	Date	Location	Reasons
	DD/MM/YY		
	DD/MM/YY		

☐ **Remove dependant(s)**

Dependant(s) name(s)	Date of Birth	Nationality	Relationship
	DD/MM/YY		
	DD/MM/YY		

Please give reasons for wishing to remove dependant(s) _____

Applicant's signature _____ Date (dd/mm/yy) _____

Employer's signature (if applicable) _____ Date (dd/mm/yy) _____

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Amendment Form Checklist - To Add or Remove Dependant(s)

This list is a summary of general requirements for ALL applicants. The Boards reserve the right to request additional information or documentation.

☐ Administrative non-refundable fee of C.I. $100, (please note dependant & non-refundable, repatriation fee is payable if approved, not at time of application)
☐ Cover letter attached with summary of why the amendment is required
☐ Application form duly completed, signed and dated by **applicant** and **employer (if applicable)**. **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.**

IF ADDING A DEPENDANT UNDER THE AGE OF 18

☐ Certified copy of birth certificate
☐ A letter from a **private school** confirming acceptance/attendance
☐ Employment Letter from both parents including hours worked per week, monthly income and other benefits received

IF ADDING A DEPENDANT OVER THE AGE OF 18

☐ Certified copy of birth certificate
☐ Certified copy of marriage certificate, if applicable
☐ If full-time student, a letter from attending **school** confirming acceptance/attendance
☐ Employment Letter including hours worked per week, monthly income and other benefits received. (You may submit an employment letter for your spouse if you feel it will aid your application.)
☐ Original signed and sealed, Police Clearance Certificate, less than 6 months old, from last place of residence
☐ Original medical questionnaire, if applicable as the **full** medical is only required every 3 years, including the original HIV/VDRL lab report (**HIV/VDRL is required every six months**).

IF APPLICANT IS THE FATHER, IS UNMARRIED, AND ADDING A CHILD AS A DEPENDANT

☐ Proof of legal custody of the child
☐ Please provide details as to the whereabouts of the child's mother
☐ Cover letter attached with summary of why the amendment is required
☐ Employment Letter from father's employer including hours worked per week, monthly income and other benefits received. (You may submit an employment letter for your spouse if you feel it will aid your application.)
☐ A letter from a **private school** confirming acceptance/attendance

REMOVE DEPENDANT

☐ Application fully completed, signed and dated by **applicant** and **employer** (if applicable)
☐ Documentation supporting removal of dependant (i.e. divorce decree / Legal document of separation)