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IMMIGRATION
CAYMAN ISLANDS

CAYMAN ISLANDS IMMIGRATION LAW (2011 REVISION) SECTION 52A

BUSINESS STAFFING PLAN BOARD

Application For The Renewal Of A Term Limit Exemption Permit

The completed application should be sent to:
The Secretary to the Business Staffing Plan Board, P.O 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.

NOTES: (i) The Applicant must have a valid passport. (ii) This application is in two parts. The first part is to be completed by the employee and the second part by the employer or the self-employed. (iii) 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 8 PAGES

PART 1 - To Be Completed by Employee

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

2. Nationality _____ Date of Birth DD/MM/YY Gender: Male ☐ Female ☐

3. Passport number _____ Date of Issue DD/MM/YY Place of Issue _____ Date of Expiry DD/MM/YY

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

Name and nationality of spouse _____

7. Date of expiry of present or last work permit _____

8. Job title of position being renewed: _____

9. Name of Employer: _____

SINCE YOUR PREVIOUS APPLICATION:

10. Have you married, divorced or separated? (certified copy of relevant legal document must be attached) Yes ☐ No ☐

☐ Married : Date DD/MM/YY ☐ Divorced : Date DD/MM/YY ☐ Separated : Date DD/MM/YY

11. Have you obtained any professional or technical qualifications (certified copy must be attached)? Yes ☐ No ☐

If yes, please list all: _____

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12. Please list the particulars of any dependants (spouse, children or others) whomyou 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
	DD/MM/YY			
	DD/MM/YY			

13. Have you, or any dependants accompanying you, been charged or convicted of any criminal offence during the term of your present work permit? If yes, please list details. Yes ☐ No ☐

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

DECLARATION

I declare the information contained in this application to be correct to the best of my knowledge and belief and 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.

By submitting this application for consideration, I understand that no period of residence in the Islands during employment authorized by the Term Limit Exemption Permit shall be taken into account by the Board when considering an application for permission to reside permanently in the Islands under Section 30.

Signature of Employee _____

Date (DD/MM/YY) _____

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NOTES: (i) The Applicant must have a valid passport. (ii) This application is in two parts. The first part is to be completed by the employee and the second part by the employer or the self-employed. (iii) Refer to the checklist accompanying this form for additional documents required to process this application. (iv) Use separate sheet of paper, if necessary.

Part 2 - To Be Completed By Employer

1. Name of employer or employing company _____ Date of Birth DD/MM/YY

Trade Name (if different from above) _____

Name of additional employer (if permit is to be shared) _____ Date of Birth DD/MM/YY

2. Nationality (if employer is a person) _____ Nationality (if additional employer is a person) _____

3. Postal Address _____

4. Telephone (Work) _____ Telephone (Home) _____ Email Address _____

5. Nature of business (or occupation of employer) _____

Name of your employer _____ Employers Address _____

6. State under which law business is licensed to operate _____

Date of expiry of current business licence DD/MM/YY Current licence number _____

7. Business Staffing Plan Certificate no. _____ valid until DD/MM/YY

8. Job title (must be same as in Business Staffing Plan Certificate) _____

9. Job serial number (taken from Business Staffing Plan Certificate) _____

10. Has this job been advertised or referred to the Department of Employment Relations (DER)? (copies of advertisements and referrals from the DER should be attached)

☐ Yes ☐ No if not, why not? _____

11. If the job was advertised or referred to the Department of Employee Relations, did any persons with Caymanian status or persons legally resident in the Cayman Islands apply?

☐ Yes ☐ No If the answer is yes, how many applied and why were none hired? _____

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

13. If you employ non-Caymanians, provide nationality and the number of persons:-

Nationality	No of Persons	Nationality	No of Persons

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14. Do you have a training programme, Scholarship or Succession Plan (Regulation 6)? ☐ Yes ☐ No

If so, have you provided the Business Staffing Plan Board with an update during the current year as required? ☐ Yes ☐ No

If you have not provided the update, please explain why not (use a separate sheet of paper if necesary) _____

15. Why cannot a Caymanian be found from within your own work force to do the job? _____

16. (i). How much is the worker receiving 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? _____

DECLARATION

I declare the information contained in this application to be correct to the best of my knowledge and belief and am aware that it is a criminal offence to make a statement or representation that is false in a material particular 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) _____

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CAYMAN ISLANDS IMMIGRATION LAW SECTION 42 (2011 REVISION)

TERM LIMIT EXEMPTION PERMIT PAYMENT LOG

Employer _____

Employee _____

Occupation _____

Number of Accompanying Dependants _____

TERM LIMIT EXEMPTION PERMIT FEE 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 _____

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SUPPLEMENT TO TERM LIMIT EXEMPTION PERMIT APPLICATION

QUESTIONS RELATING TO THE PROVISION OF PENSION BENEFITS
AND HEALTH INSURANCE (To be completed by the Employer)

PENSION PLAN

1. What is the registration number of the pension plan you have set up for your employees in accordance with the National Pensions Law (2000 Revision)?

2. What is the name of the administrator of your registered pension plan? Please provide contact name and telephone number.

3. Are your pension contributions for all employees paid up to date? ☐ Yes ☐ No

if not, why not? _____

HEALTH INSURANCE

1. With which Insurer has your company effected health insurance in accordance with the Health Insurance Law (2005 Revision) and regulations thereunder?

2. What is the policy number of your Health Insurance Plan?

3. Are your health insurance premiums for all employees paid up to date? ☐ Yes ☐ No

if not, 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 (2005 Revision) and regulations thereunder and is a member or will join the above Pensions Plan in accordance with the National Pensions Law (2000 Revision) and regulations thereunder.

Name of Employer _____

Signed for and on behalf of Employer _____

Date (DD/MM/YY) _____

NOTE: Employers are required by the Law to set up both a pension plan and a health insurance plan for themselves and their employees. Failure to comply with the Law could have serious consequences and may lead to prosecution.

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CAYMAN ISLANDS IMMIGRATION LAW (2011 REVISION) SECTION 44(3)(f)

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, and submitted along with the Term Limit Exempton Permit Application Form.

1. Name of Employee _____

2. Name of Employer _____

3. Employee's physical address: _____

District: _____ P.O. Box and KY: _____ Telephone: _____

4. Type of Building: Dwelling House ☐ Apartment ☐

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

Bedrooms _____ Bathrooms _____ Living Rooms _____ Kitchens _____

6. Will any of these rooms be shared with other occupants of the dwelling? Yes ☐ No ☐ If YES give details

_____

7. This accommodation is: Owned by the Employer ☐ Owned by the Employee ☐ Rented by the Employer ☐ Rented by the Employee ☐

8. If Rented, what is the period of lease? _____ 9. Block and Parcel number _____

10. If Rented, the name and address of the Landlord is: Name of Landlord _____

(i) House No.: _____ (ii) Street name: _____

(iii) District: _____ (iv) P.O. Box: _____ (v) Telephone: _____

I understand that in considering this application it may be necessary for a representative of the Department of Immigration to examine the accommodation.
I agree that a representative of the department may view the premises described above at any reasonable hour of the day.
I further attest that, to the best of my knowledge and belief, the above details are true and correct.
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 C.I. $5000 and imprisonment for one year.

_____ _____
Signature of Employer Date (DD/MM/YY)

_____ _____
Signature of Employee Date (DD/MM/YY)

_____ _____
Owner/Landlord Date (DD/MM/YY)

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BUSINESS STAFFING PLAN BOARD - TERM LIMIT EXEMPTION PERMIT RENEWAL CHECKLIST

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

Eligibility: ☐ Previously Granted a Term Limit Exemption Permit

- ☐ Application forms duly completed, signed and dated by employee and employer - original signatures required. **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 permit is required - original signature required.
- ☐ Ensure that the Business Staffing Plan number for the employee is the next available number in the plan. e.g. if position #2 is taken and #3 and #4 are available then #3 must be used before #4 can be used, unless the applicant is replacing an employee in position #2.
- ☐ Please ensure compliance with conditions set within the Business Staffing Plan e.g. Regulation 6 conditions
- ☐ If the position is not included in the plan, the new title must be requested to be added within the cover letter and an additional non-refundable application fee of CI$100 must be included
- ☐ A full page copy of two newspaper advertisements - run consecutively for 2 weeks, with visible dates, including salary range and all other benefits.
- ☐ Correct permit fee, including CI$100 non-refundable application fee, dependant fee if applicable
- ☐ Resume of all Caymanian applicants including Department of Employment Relations 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 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).**
- ☐ 1 full face passport sized photograph (See online guidelines) ☐ Cuban National: Certified copy of Cuban Visa
- ☐ Where the Trade & Business License has expired, a copy of the receipt of payment for the renewal from employer ☐ 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):** An original medical questionnaire (if over 18 years of age), a certified birth certificate, a letter from a private school confirming acceptance/attendance.
- ☐ **Spouse:** An original medical questionnaire, a certified marriage license, original signed and sealed Police Clearance certificate - less than six months old, from last place of residence
- ☐ **Section 52 (12) application (to coincide with spouse)**: An affidavit (see Immigration forms for sample) **AND** certified copy of marriage certificate

ADDITIONAL REQUIREMENTS BY INDUSTRY

☐	**Construction:** 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	☐	**Janitorial or Gardening:** Copy of Immigration Form A (or a list of clients including addresses and telephone numbers)
☐	**Nurse/ Health Practitioner:** Approval from Health Practitioner's Board	☐	**If regulated by CIMA:** Written approval for Senior Finance/Banking professional (e.g. Managing Director, CEO)
☐	**Security Officer:** Copy of license from the Royal Cayman Islands Police (RCIP)	☐	**Veterinary:** Approval from Veterinary Board
☐	**Electrical:** Certified copy of license from Electrical Board of Examiners and the ratio of Electricians to apprentice/wiremen	☐	**Driver:** Certified copy of of license from the Public Transport Board for the appropriate category of vehicle
☐	**Entertainment:** Approval from the Music Association	☐	**Farming:** Certified copy of certification from the Department of Agriculture
☐	**Plumbing:** Certified copy of license from Water Authority	☐	**Employment Agency:** Proof of past and future employment for the applicant
☐	**Caretaker for the elderly or infirm:** A Physicians letter confirming the illness if under 65 years of age (proof of age is required)		