BVP1

IMMIGRATION
CAYMAN ISLANDS

IMMIGRATION LAW (2011 REVISION) SECTION 54

APPLICATION FOR THE GRANT OF A BUSINESS VISITORS PERMIT

An application for a work permit should be sent to:
The Chief Immigration Officer, 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. (v) Use separate sheet of paper, where necessary, to thoroughly answer each question.

APPLICATION FORM CONTAINS 5 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. Physical Address: _____

Country: _____ Mailing Address (if applicable): _____

Personal Email Address: _____ Telephone: _____

5. (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.

6. Dates and addresses of all places where you have lived for more than 6 months during the past 10 years other than stated in reply to question 4.

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

7. Position to be filled: _____

8. What professional or technical qualifications do you have? _____

9. How many years of experience do you have that are relevant to this position?

_____

_____

IMMIGRATION
CAYMAN ISLANDS

APPLICATION FOR THE GRANT OF A BUSINESS VISITORS 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.

10. (i). Have you ever been charged or convicted of a criminal offence in any country? If so, please provide details of ALL offences.

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

(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

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

If so, please give details including dates of such activities.

12. 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?

13. Are you in good physical and mental health? ☐ Yes ☐ No If no, please give details:

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.

In accordance with The Immigration Law (2011 Revision), Section 42(4)(b), I hereby agree to submit to being Fingerprinted/Palmprinted for the purpose of identity verification and criminal checks domestically and internationally.

Signature of prospective worker

Date (DD/MM/YY)

IMMIGRATION
CAYMAN ISLANDS

APPLICATION FOR THE GRANT OF A BUSINESS VISITORS 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.

PART 2 - To Be Completed By Employer

1. Name of employer or employing company _____

Trade name (if different from above) _____

2. Nationality (if applicable) _____ Date of Birth (if applicable) DD/MM/YY

3. Postal Address _____

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

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

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

Expiry date of business licence DD/MM/YY License number DD/MM/YY

7. State Job title for required position and provide description of duties and responsibilities. _____

8. What skills, qualifications and experience are required for this position? _____

9. (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? _____

10. Please explain the need for this worker. If necessary, a covering letter may also be submitted. _____

11. What is the maximum number of times PER CALENDAR YEAR that you will require the employee to visit? _____

12. What is the maximum duration of the stay during each visit? _____

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.

_____ _____

Signature of Employer Date (DD/MM/YY)

_____ _____

Signature of Additional Employer (if applicable) Date (DD/MM/YY)

IMMIGRATION
CAYMAN ISLANDS

CAYMAN ISLANDS IMMIGRATION LAW SECTION 42 (2011 REVISION)

BUSINESS VISITORS PERMIT PAYMENT LOG

1. Name of Employer _____

2. Name of Business Visitor _____

3. Business Visitor's Occupation _____

Note: Please use a separate application form for each person requesting a Business Visitors Permit.

4. Number of visits requested in the calendar year for which this application is being made? _____

5. Now multiply the number stated above by the appropriate fee as follows

	Grand Cayman	**Cayman Brac/Little Cayman**
Annual Work Permit fee in the range of C.I. $10,401 - $32,400:-	C.I. $750 per visit	C.I. $562.50 per visit
Annual Work Permit fee in the range of C.I. $2,101 - $10,400:-	C.I. $375.00 per visit	C.I. $281.25 per visit
Annual Work Permit fee up to C.I. $2,100:-	C.I. $150.00 per visit	C.I. $112.50 per visit

SUB-TOTAL CI$ _____

6. Add an administrative filing fee of CI$50: CI$ _____

TOTAL FUNDS SUBMITTED CI$ _____

7. Payment method: Cash/Cheque (delete as appropriate) Cheque no._____

FOR OFFICIAL USE ONLY

Subject to: ☐ Satisfactory English test

☐ Approved

☐ Refused Reasons: _____

☐ Deferred DD/MM/YY Date Reasons: _____

_____ CHIEF IMMIGRATION OFFICER

_____ DATE (DD/MM/YY)

BUSINESS VISITORS PERMIT - CHECKLIST

This list is a summary of general requirements for ALL applicants. The Chief Immigration Officer reserves the right to request additional information or documentation as he sees fit.

- ☐ Application form 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 Business Visitors permit is required - original signature required.
- ☐ Correct fee, including non-refundable CI$50 application fee
- ☐ 1 full face passport sized photograph AND ☐ 1 profile passport sized photograph (See online guidelines)
- ☐ Original signed and sealed, Police Clearance certificate, less than 6 months old, from last place of residence. (If you are a British citizen and you have been resident in the UK for the last six months we will accept an original notarized affidavit of character attesting to your criminal history).
- ☐ Where the Trade & Business licence has expired, a copy of the receipt of payment for renewal from employer
- ☐ Where the employer is licensed by another body other than the Trade & Business Licensing Board, proof of current license

Print Form