



IMMIGRATION
CAYMAN ISLANDS

Supplement to PERMANENT RESIDENCE APPLICATION (RERC 8+ Years)

This special supplement may be provided to:
The Chief Immigration Officer / The Secretary, Caymanian Status & Permanent Residency Board,
PO Box 1098, Grand Cayman, Cayman Islands, KY1-1102
Do leave any question blank. If a question does not pertain to you, insert "Not Applicable" or "N/A" in space provided
Use additional sheet of paper if necessary.

See Form R30 (revision 2015/04) for explanatory notes - For consistency, this form uses R-30's question numbers

1. Name as it appears in Passport of Primary or Sole Nationality - Surname (Last Names), Given Names (First Names) Maiden Name (if applicable)

2. Country of Birth Date of Birth Gender Male Female

3. Do you have more than one Nationality? Yes No If Yes, list is your Primary Nationality. If No, list your Sole Nationality.
Primary/Sole Nationality Passport Number

8. Does your current or last work permit (if any) list more than 1 Occupation? Yes No If Yes, list your Primary Occupation. If No, list your Sole Occupation.
Primary/Sole Occupation

14. What is your highest level of education as your education pertains to your Sole/Primary Occupation listed in Question 8? (provide proof with certified attachments)
 Post-Graduate Degree / Professional Qualification Bachelor's Degree Associate Degree High School/Secondary Diploma or Equivalent

15. What is your highest level of Technical / Vocational Qualification or Accreditation as your training and accreditation pertain to your Sole /Primary Occupation listed in Question 8? (provide proof with certified attachments)
 Post-Graduate Degree / Professional Qualification Bachelor's Degree Associate Degree High School/Secondary Diploma or Equivalent
 Local Licence from relevant Regulatory Body Vocational Certificate (greater than 1 year study) Vocational Certificate (1 year or less study)

39. Have you or your spouse ever **applied for** any assistance (financial or otherwise) from the Department of Children and Family Services or any other Government Department or Agency? If Yes, clearly detail circumstances. Use separate sheet of paper if necessary. Yes No

40. Have you or your spouse ever **applied for and received** any assistance (financial or otherwise) from the Department of Children and Family Services or any other Government Department or Agency? If Yes, clearly detail circumstances, type and duration of assistance. Use separate sheet of paper if necessary. Yes No

42. Documented Income and Income from Employment.

	Applicant		Spouse, if applicable	
12 Month Income (CI\$)	<input type="text"/>	12 Month Income (CI\$)	<input type="text"/>	<i>(For most recent 12 Months)</i>
5 Years Income (CI\$)	<input type="text"/>	5 Years Income (CI\$)	<input type="text"/>	<i>(For most recently completed 5 Calendar Years)</i>
Annual Income from Employment (CI\$)	<input type="text"/>	Annual Income from Employment (CI\$)	<input type="text"/>	<i>(For most recently completed Calendar Year)</i>

45. Do you own any property in the Cayman Islands? Yes No If Yes, list details below.

Block	Parcel No	District	Mortgagee (Person or Lending Institution if any)	% Ownership	Purpose, e.g., Primary Residence, Income, Investment
<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"/>

If any property above is owned jointly with your spouse (if any), you may claim 100% Ownership.



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46. Do you have a current investment in a locally licensed company which is solvent at this time? Yes No

If Yes, list details below. Include any business(es) licenced by T&B and include any business(es) licenced by laws other than the Trade and Business Licensing Law. Use separate sheet(s) of paper if necessary.

Company Name	T&B License No (if any)	Physical Location / Address	Initial Investment Amount (\$)	% of Shares Owned

48. Documented Cash and Savings held locally (CI\$)

49. Provide summary information for your Dependants	Number of
Accompanying non-Caymanian School Age Dependant Children	<input type="text"/>
Accompanying non-Caymanian non-School Age Dependant Children	<input type="text"/>
Non-Accompanying non-Caymanian Dependant Children	<input type="text"/>

50. Use this column to enumerate your community involvement	Number of Years in each topic	Number of Hours per Year
a) Training and mentoring of Caymanians outside of normal work hours or related employer sponsored activities	<input type="text"/>	<input type="text"/>
b) Personal sponsorship towards a Caymanian's tertiary training, with a minimum of \$3,500 per annum	<input type="text"/>	<input type="text"/>
c) Actively assist in the rehabilitation and mentoring of offenders	<input type="text"/>	<input type="text"/>
Total 50	<input type="text"/>	<input type="text"/>

51. Use this column to enumerate	Number of Years in each topic	Number of Hours per Year
a) Participation and assistance in a youth programme	<input type="text"/>	<input type="text"/>
b) Training and mentoring of Caymanians within normal work related / sponsored activities	<input type="text"/>	<input type="text"/>
c) Participation and assistance in a sports programme	<input type="text"/>	<input type="text"/>
d) Participation and assistance in an arts programme	<input type="text"/>	<input type="text"/>
e) Participation and assistance in a local service club activities	<input type="text"/>	<input type="text"/>
f) Participation and assistance in a local church programme activities	<input type="text"/>	<input type="text"/>
g) Personal donations to community minded activities of a minimum of \$2,000 per annum	<input type="text"/>	<input type="text"/>
h) Volunteering for non-profit, charitable or voluntary organisations	<input type="text"/>	<input type="text"/>
Total 51	<input type="text"/>	<input type="text"/>

NEED ASSESSMENT UNIT WAIVER

I give my full consent to the Department of Immigration to enable them to access my information from the Department of Children and Family Services, Needs Assessment Unit and any other Government Agency or Department. I give my full consent to access information relevant to my/or my family's case history and circumstances. Information can be requested and shared verbally and written which includes e-mail communication.

Signature (Applicant) _____ Date _____

*Agency or representative signature not acceptable

DECLARATION

It is an offence under the current Immigration Law for any person to make, cause or allow to be made any return, statement or representation which is false in a material particular and which he knows to be false or which he does not believe to be true. A person found guilty of this offence is liable on summary conviction in respect of a first offence, to a fine of \$5,000.00 and to imprisonment for one year or, in respect of a second or subsequent offence, to a fine of ten thousand dollars and to imprisonment for two years.

Signature (Applicant) _____ Date _____