



IMMIGRATION CAYMAN ISLANDS

CAYMAN ISLANDS IMMIGRATION LAW (2011 REVISION)

WORK PERMIT BOARD

APPLICATION FOR THE GRANT OF A TERM LIMIT EXEMPTION PERMIT

An application for the permit should be sent to:

The Secretary to the Work Permit 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 10 PAGES

PART 1 - To Be Completed By the Prospective 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 _____ (iv) Personal Email Address: _____

5. Address: _____

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

6. Have you ever been married, divorced or separated? (certified copy of relevant legal document should be attached, where applicable) Yes No

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

Name and nationality of spouse _____

7. Expiry date of present or last work permit DD/MM/YY

8. (i). What date did you first arrive in the Cayman Islands? Date: DD/MM/YY

(ii). What date did your first employment in the Cayman Islands begin? Date: DD/MM/YY

- (iii). Was this employment authorised by:
 - (a) A Work Permit
 - (b) A Government Contract
 - (c) Other form of Authorisation (For example, were you exempted from work permit requirements under the Immigration Law (2010 Revision) or any previous immigration legislation?) Please explain.

(iv). Since your first arrival in the Cayman Islands have you ever been named as a dependant on another person's work permit/government contract/exemption?

Yes No If you answered yes, please provide name of permit holder: _____



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(v). Since your first arrival have you at any time left the Cayman Islands for a period in excess of one year? Yes No

If yes, please give dates of and reasons for the absence:

9. What is your level of education? (Certified copies of certification must be attached)

- Less than High School/Secondary School, High School/Secondary School, Post-Graduate Degree (Diploma, Master's, Ph.D.), Sixth form, Associate Degree, Professional Qualification (e.g CPA, CA, ACCA, ACIS, CFA, ACIB, AICB, MRICS, City & Guilds, NVQ etc.). List all that apply: Technical/Vocational, Bachelor's Degree

10. What position are you applying for?

11. How many years and what experience do you have which is relevant to this job?

12. Having worked in the Cayman Islands for seven (7) years, please list the names of Caymanians over the seven years who you have personally trained and describe the training provided to each.

Table with 5 columns: Name, Title, Date, Employer, Training Provided

13. (i). Have you ever previously made an application (whether granted or not) to work in the Cayman Islands? Yes No

If so, please provide details, dates, and state whether the applications were granted or refused.

Blank space for details of previous applications

(ii). Is this or any other decision presently under appeal to the Immigration Appeals Tribunal? Yes No

14. If you are of Caymanian descent or have close connections with the Cayman Islands, either historically, or by marriage to a Caymanian, please provide details, including marriage and/or birth certificates.

Table with 3 columns: Name, Relationship, Address

15. List your dependants.

Table with 3 columns: Name, Relationship, Address



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16. Do you have any relatives or dependants who currently reside/work in the Cayman Islands?

Table with 3 columns: Name, Relationship, Address. Two rows of input fields.

17. Please list the particulars of any dependants (spouse, children or others) who you wish to accompany you to the Cayman Islands.

Table with 5 columns: Name, Date of Birth, Nationality, Relationship, Country of Residence. Two rows of input fields.

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

Table with 4 columns: Nature of offence, Date, Location, Verdict and Sentence. Two rows of input fields.

(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

19. Have you ever been bankrupt or owned shares, equity or rights in a non-public quoted company or been a director, manager, or officer of a company, partnership or entity which went bankrupt or ceased trading without creditors being paid in full? [] Yes [] No If you answered yes, please provide dates and details in your cover letter.

20. Are you solvent? (Are you able to pay all debts/bills as they become due?) [] Yes [] No If no, please explain.

21. Have you ever been actively involved in politics in or outside the Cayman Islands? [] Yes [] No If you answered yes, please give dates and details:

22. 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?

23. Are you, and all dependants accompanying you, in good physical and mental health? [] Yes [] No If no, please give details:



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Use separate sheet of paper if necessary.

24. The name and address of my bank is:-

	Bank	Address
1.		
2.		

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.

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 prospective worker _____

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, where necessary, to thoroughly answer each question.

PART 2 - To Be Completed By the Employer

1. Name of employer or employing company
Trade name (if different from above)
Name of additional employer (if permit is to be shared)

2. Date of Birth (if primary employer is a person) Nationality (if primary employer is a person)
3. Date of Birth (if secondary employer is a person) Nationality (if secondary employer is a person)

4. Postal Address

5. Telephone (Work) Telephone (Home) Email Address

6. Nature of business or occupation of employer
Name of your employer Employer's Address

7. State under which law business is licensed to operate
Expiry date of current licence Licence number

8. Position being filled (by prospective employee)

9. 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?

10. 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?

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

12. If you employ non-Caymanians, provide nationality and the number of persons (Use separate sheet if necessary):-

Table with 4 columns: Nationality, Number of Persons, Nationality, Number of Persons

13. Is this applicant replacing an employee? Yes No If yes, provide name and nationality of person being replaced:



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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.

14. Do you operate a training programme? [] Yes [] No If you do, please provide details of it with particular reference to how it will equip Caymanians with the skills and experience to do the job (Use separate sheet of paper,if necessary)

15. Do you offer a scholarship program? [] Yes [] No If so, please provide details of your scholarship process and how it will be beneficial to Caymanians.

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

17. What efforts have you made to replace this individual with a Caymanian over the period they have been in your employ?

18. (i). How much will the worker receive 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?

19. Are you satisfied that the prospective employee has a basic understanding of the English language in both spoken and written form as required? [] 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 Prospective Employer _____ Date (DD/MM/YY) _____

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



IMMIGRATION CAYMAN ISLANDS

CAYMAN ISLANDS IMMIGRATION LAW (2010 REVISION) SECTION 52A

TERM LIMIT EXEMPTION PERMIT PAYMENT LOG

Employer

Employee

Occupation

Number of Accompanying Dependents:

TERM LIMIT EXEMPTION PERMIT FEE (for first year only) CI\$

ADMINISTRATION FILING FEE CI\$

DEPENDANT'S FEE (per dependant for first year only) CI\$

REPATRIATION FEE (Non-refundable one-time payment per person) CI\$

TOTAL FUNDS SUBMITTED CI\$

PAYMENT METHOD: CASH / CHEQUE

CHEQUE NUMBER



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 no, 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 no, why not?

EMPLOYER'S DECLARATION:

I declare that the information given above is correct and confirm that the employee for whom the Term Limit Exemption 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.



IMMIGRATION CAYMAN ISLANDS

CAYMAN ISLANDS IMMIGRATION LAW (2010 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 Exemption Permit Application Form.

1. Name of Employee _____

2. Name of Employer _____

3. Employee's physical address: (i) House No.: _____ (ii) Street name: _____

(iii) District: _____ (iv) P.O. Box: _____ (v) 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, how many? _____ Please provide 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: _____ (vi) Email Address: _____

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)

WORK PERMIT BOARD - TERM LIMIT EXEMPTION PERMIT CHECKLIST

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

Eligibility: Final work permit expired on or after 28 September 2011 **and** had not applied for permanent residence prior to the expiry of final work permit; or
(choose one) On 28 October 2011, are working by operation of law having applied for key employee designation and the application was subsequently refused

- 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.
- Correct **permit fee**, including non-refundable CI\$100 application fee, dependant fee if applicable
- A full page copy of two **newspaper advertisements** - run consecutively for 2 weeks, with visible dates, including salary range and all other benefits.
- Resume of all Caymanian applicants** including Department of Employment Relations referrals explaining why they were not hired for the position.
- Certified copies of **educational certificate/diplomas/degrees**. Copy of applicant's **Resume (where applicable)**.
- 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).
- Original **medical questionnaire**, if applicable, as the **full** medical is required every 3 years, including the original HIV/VDRL lab report (**HIV/VDRL is required every six months**).
- 1 full face passport sized **photograph AND** 1 profile passport sized **photograph**. (See online guidelines)
- Copy of **Trade & Business Licence** Where the **Trade & Business Licence** has expired, a copy of the receipt of payment for renewal from employer.
- A **release letter** where the applicant is changing jobs prior to the expiry of their current work permit from employer. Where one is not forthcoming, a letter of explanation and any supporting documentation is required.
- Cuban National: Certified copy of Cuban Visa

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

ADDITIONAL REQUIREMENTS BY INDUSTRY

<input type="checkbox"/> 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	<input type="checkbox"/> Janitorial or Gardening : Copy of Immigration Form A (or a list of clients including addresses and telephone numbers)
<input type="checkbox"/> Professional/Managerial : Certified copies of qualifications	<input type="checkbox"/> If regulated by CIMA : Written approval for Senior Finance/Banking professional (e.g. Managing Director, CEO)
<input type="checkbox"/> Nurse/ Health Practitioner : Approval from Health Practitioner's Board	<input type="checkbox"/> Veterinary : Approval from Veterinary Board
<input type="checkbox"/> Electrical : Certified copy of license from Electrical Board of Examiners and the ratio of Electricians to apprentice/wiremen	<input type="checkbox"/> Driver : Certified copy of license from the Public Transport Board for the appropriate category of vehicle
<input type="checkbox"/> Diving : Certified copy of PADI/NAVI qualifications	<input type="checkbox"/> Skilled/Supervisory : Certified copies of qualifications and detailed list of skills
<input type="checkbox"/> Plumbing : Certified copy of license from Water Authority	<input type="checkbox"/> Employment Agency : Proof of past and future employment for the applicant
<input type="checkbox"/> Domestic, nanny or caretaker : Certified copies of birth certificates of children to be cared for	<input type="checkbox"/> Caretaker for the elderly or infirm : A Physicians letter confirming the illness
<input type="checkbox"/> Security Officer : Copy of license from the Royal Cayman Islands Police (RCIP)	<input type="checkbox"/> Farming : Certified copy of certification from the Department of Agriculture
<input type="checkbox"/> Entertainment : Approval from the Music Association	