R7

APPLICATION FOR PERMISSION OR EXTENSION TO RESIDE IN THE CAYMAN ISLANDS AS A DEPENDANT OF A CAYMANIAN

The completed application form should be sent to:
The Director, Customs and Border Control, 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.
Use separate sheet of paper if necessary. Retain a copy of all applications and attachments submitted to Immigration.

APPLICATION FORM CONTAINS 9 PAGES

Please choose one option:

☐ **Application for Permission to reside as a Dependant of a Caymanian** (PDC) ☐ **Application for an Extension of Permission to reside as a Dependant of a Caymanian** (PDE)

Date of Expiry: D/MMM/YY

Part 1 - To Be Completed By the Applicant

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

2. Nationality _____ Country of Birth _____ Date of Birth D/MMM/YY Male ☐ Female ☐

3. Passport number _____ Date of Issue D/MMM/YY Place of Issue _____ Date of Expiry D/MMM/YY

4. Address in the Cayman Islands (if already resident) House No.: _____ Street name: _____

District _____ P.O. Box & KY _____ Telephone _____

Email Address _____

5. Present address (if different from above) _____

6. Marital Status Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single ☐

Place and Date of Marriage (if any) _____

7. I am a citizen of the following country(s) I hold passport(s) of the following country(s)

_____ _____

_____ _____

_____ _____

8. In addition to being a citizen of those countries I am also a permanent resident or entitled to live in the following countries-

_____

_____

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9. Dates and addresses of all places where you have lived for more than 6 months during the past 10 years, if other than stated in reply to question 5.

From	To	Address
D/MMM/YY	D/MMM/YY	
D/MMM/YY	D/MMM/YY	
D/MMM/YY	D/MMM/YY	

10. Total annual income (CI$)

Sources of income: 1) 2) 3)

11. Please provide details of Caymanian relative that you intend to reside with.

Name	Date of Birth D/M/Y	Nationality	Relationship
	D/MMM/YY		

11a. Address of Caymanian relative above

House Number Street name

District P.O. Box & KY Telephone

Email

11b. Do you intend to reside at the above address? If not, please provide intended address.

House Number Street name

District P.O. Box & KY Telephone

12. Have you ever had a permit to work refused or permission to reside revoked, or not renewed upon application in any country during the past 10 years?

13. Do you currently have health insurane coverage? Yes ☐ No ☐ If yes please provide the following:

Name of Provider: Policy #:

Are your premiums (payments) up to date? Yes ☐ No ☐ If no, why not?

14. Do you suffer from any communicable disease or infirmity of mind or body? Yes ☐ No ☐ If yes please provide details:

15. Have you or ever been convicted of a criminal offence in any country? Yes ☐ No ☐ If yes please provide 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 any statement or representation that is false in a material particular which I know to be false or do not believe to be true.

Signature Date (dd/mm/yy)

APPLICATION FOR PERMISSION OR EXTENSION TO RESIDE IN THE CAYMAN ISLANDS AS A DEPENDANT OF A CAYMANIAN

PART 2 - To Be Completed By The Caymanian Sponsor

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

2. Nationality _____ Country of Birth _____ Date of Birth D/MMM/YY Male ☐ Female ☐

3. Passport number _____ Date of Issue D/MMM/YY Place of Issue _____ Date of Expiry D/MMM/YY

4. Address in the Cayman Islands _____

P.O. Box: _____ Telephone: _____ Email _____

5. Present address (if different from above) _____

_____

6. Marital Status Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single ☐

Place and Date of Marriage (if any) _____

7. Total annual income (CI$) _____

Sources of income: 1) _____ 2) _____ 3) _____

8. Total monthly expenses (CI$) _____

9. Please list your existing dependants (Use separate sheet of paper, if necessary).

Name	Date of Birth D/M/Y	Nationality	Relationship
	D/MMM/YY		
	D/MMM/YY		

10. What is your relationship to the applicant who is applying as a dependant? _____

11. Will you be responsible for paying health insurance coverage payments for the dependant? Yes ☐ No ☐

12. Do you agree to be responsible for any and all expenses incurred by dependant? Yes ☐ No ☐

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 any statement or representation that is false in a material particular which I know to be false or do not believe to be true.

Signature _____ Date (dd/mm/yy) _____

AFFIDAVIT

This affidavit is in support of an application for the grant of permission to reside in the Cayman Islands as the Dependant of Caymanian and is to be completed by the Caymanian Sponsor.

I _____ of _____

make oath and say as follows:-

1. That _____ is ☐ wholly dependent upon me. ☐ substantially dependent upon me. **Choose one option only**

2. That I will be wholly responsible for ☐ him ☐ her during their stay in the Cayman Islands.

Signature _____

Date _____

Sworn before me at _____ , Cayman Islands, this _____ day of _____ 20 _____

Justice of the Peace/Notary Public _____

Warning: It is an offence under the Customs and Border Control Act 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.

I declare that I understand and accept the Warning given above.

_____ _____

Signature of Caymanian Sponsor Date (DD/MM/YY)

_____ _____

Signature of Dependant Date (DD/MM/YY)

CAYMAN ISLANDS CUSTOMS AND BORDER CONTROL GUIDELINES TO MEDICAL PRACTITIONERS

MEDICAL EXAMINATIONS FORM

1. The Medical examinations are valid for three (3) years.
2. Laboratory tests have to be repeated with each medical examination. The Laboratory Reports are valid for six (6) months.
3. Chest X-rays are required with the initial work permit application. Chest Xrays are valid for five (5) years.
4. Laboratory Reports have to be attached for HIV and VDRL tests.
5. Medical practitioners are advised to perform any tests that might be desirable depending on the disease prevalence in the respective countries.
6. The Medical Examinations Form must be signed and stamped or sealed by Physician.
7. The Laboratory Report must be signed and stamped or sealed by Lab Technician or Physician.
8. Immigration reserves the right to require additional medical examinations at any time.

MEDICAL FORM CONTAINS 9 PAGES

PART 1 - QUESTIONNAIRE (to be completed by Applicant)

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

(b) Nationality _____ (c) Country of Birth _____ (d) Date of Birth D/MMM/YY (e) Passport no _____

(f) Gender Male ☐ Female ☐ (g) Marital Status Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single ☐

2. Have You Ever Had Or Currently Have	Yes	No		Yes	No
(a) Nervous or mental trouble	☐	☐	(i) Eye trouble?	☐	☐
(b) Fits or convulsions?	☐	☐	(j) Any serious operation?	☐	☐
(c) Heart trouble or raised blood pressure?	☐	☐	(k) Diabetes?	☐	☐
(d) Lung tuberculosis, Asthma or hay fever?	☐	☐	(l) Rheumatic Fever?	☐	☐
(e) Contact with a case of tuberculosis?	☐	☐	(m) Family history of mental trouble, suicide, fits, any kind of tuberculosis, diabetes or raised blood pressure?	☐	☐
(f) Frequent or prolonged indigestion?	☐	☐			
(g) Malaria, dysentery or any other tropical illness?	☐	☐	(n) Any illness or injury not mentioned above?	☐	☐
(h) A sexually transmitted disease?	☐	☐	(o) A physical defect?	☐	☐

If you have answered Yes to any part of questions 2, explain _____

3. Do you consume alcohol? ☐ Yes ☐ No

If Yes, how many alcoholic drinks do you typically consume in 1 week _____

4. Do you take habit forming drugs? ☐ Yes ☐ No

If Yes, explain _____

5. Have you ever applied for or received disability benefits? ☐ Yes ☐ No

If Yes, explain _____

6. Are you now in good health? Yes ☐ No ☐ If No, give details _____

7. Are you now pregnant? Yes ☐ No ☐ Not Applicable ☐ If Yes, how many months _____

Date (dd-mmm-yy) D/MMM/YY Signature of Applicant _____
Original Signature Required

Date (dd-mmm-yy) D/MMM/YY Medical Examiner/Physician _____

PART 2 - MEDICAL EXAMINATION (to be completed by Medical Examiner)

	Yes	No
1. Is the Examinee personally known to you?	☐	☐
If No, did you check ID?	☐	☐

2. Height _____ feet _____ in. Weight _____ lbs. (in under clothes) Waist _____ in.

Chest measurements on respiration _____ in, on expiration _____ in.

3. Blood pressure (two readings: at rest (sitting) _____ lying down _____ Pulse rate _____

4. Date and report of last E.C.G. if any _____

5. Are the following free from any pathological condition or abnormality;	Yes	No
(a) Skin	☐	☐
(b) Throat & Mouth	☐	☐
(c) Eyes	☐	☐
(d) Ears	☐	☐
(e) Nose	☐	☐
(f) Abdomen	☐	☐
(g) Cardiovascular System	☐	☐
(h) Respiratory System	☐	☐
(i) Locomotor System	☐	☐
(j) Nervous System	☐	☐
(k) Genito-Urinary System	☐	☐

If No to any of the above questions, provide details _____

6. Is the examinee on any drug therapy at present? Yes ☐ No ☐ If Yes, give details _____

7. Give details of any operations _____

8. Medical conditions a) _____ b) _____

c) _____ d) _____

Date of Examination (dd-mmm-yy) D/MMM/YY Signature Medical Examiner _____

MEDICAL EXAMINATIONS FORM

CAYMAN ISLANDS CUSTOMS AND BORDER CONTROL GUIDELINES TO MEDICAL PRACTITIONERS

PART 3 - XRAY AND LABORATORY INVESTIGATIONS (to be completed by Medical Examiner

(a) Hospital Xray No. _____ Date D/MMM/YY Result _____

(b) Urine: Date D/MMM/YY Albumin _____ Sugar _____

(c) Blood Tests (attach laboratory reports)

TESTS	DATE	RESULT
VDRL	D/MMM/YY	
HIV SCREEN	D/MMM/YY	

(d) Other tests (depending on history and disease prevalence in the country of origin)

TESTS	DATE	RESULT
	D/MMM/YY	
	D/MMM/YY	
	D/MMM/YY	

Name and address of Medical Examiner

Qualifications _____ Medical Registration Number _____

Address of Registering body _____

Date of Examination (dd-mmm-yy) D/MMM/YY Signature Medical Examiner _____

FOR OFFICIAL USE ONLY

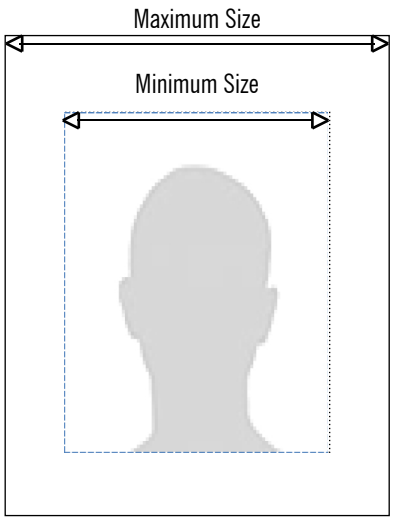
PHOTOGRAPH TEMPLATE - Applicant only

Surname (Last Names) | Given Names (First Names) | Maiden Name (if applicable)

File Number (if known) (Also known as "Work Reference Number") Application Date D/MMM/YY Date of Birth D/MMM/YY

If application is for a work permit grant, permanent residency or status, provide Full Face photo.

Full Face



Full Face Photograph

Do Not Use Staples!

Photographs may be taped or glued to the picture diagrams.

Instructions:

- Provide Full Face photo (1 photo).
- Print Last Name, First Name(s), and Date of Birth on the back of each photograph.
- The photograph must:
  - be a "passport type" photograph
  - be in colour
  - be taken within the past 12 months
  - show full face (shoulders and above)
  - have no head covering
  - have a plain white background
  - be between 45mm by 35mm (1.77 inches by 1.38 inches) and 63mm by 50mm (2.5 inches by 2 inches), see diagram below
  - be unmounted
  - be printed on normal photographic paper
  - if digital, have resolution of at least 800 dpi (dots per inch)
- Blurred photographs will not be accepted.
- Stick-on labels will not be accepted.

PERMISSION OR EXTENSION TO RESIDE IN THE CAYMANIAN ISLANDS AS A DEPENDANT OF A CAYMANIAN CHECKLIST

This list is a summary of general requirements for all applicants. The Director of CBC reserves the right to request additional information or documentation as he sees fit.

The Applicant

- ☐ Application form duly completed. **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**
- ☐ A non-refundable CI $150 grant or extension application fee ☐ Grant or extension fee of CI$150 and non-refundable repatriation fee of CI$200
- ☐ Cover letter addressed to the Director of CBC from Caymanian stating detailed reasons why the dependant should reside in the Cayman Islands
- ☐ A certified/notarized copy of your Birth Certificate
- ☐ Original signed and sealed, Police Clearance Certificate, less than 6 months old, from last place of residence, if 18 years of age or older.
- ☐ 1 full face passport sized photograph **AND** ☐ 1 profile passport sized photograph (see online guidelines).
- ☐ 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)** for all dependants 18 years old and over
- ☐ Three written references from persons (not related to applicant or spouse) who have known you for at least 3 years. The referees may be Caymanian or Non-Caymanian. Each reference must be in a sealed envelope, signed across the seal by the referee, with the name of the applicant on the outside.
- ☐ A notarized English translation of all documents where the originals are presented in a foreign language
- ☐ Proof of adequate health insurance acceptable on island (if applying for an extension, please provide proof of health insurance for the past three (3) years)
- ☐ Proof of annual income, if applicable

The Caymanian Sponsor (Part 2)

- ☐ Application form duly completed. **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**
- ☐ Proof of being Caymanian
- ☐ A certified/notarized copy of your Birth Certificate
- ☐ A certified/notarized copy of your Marriage Certificate, if applicable
- ☐ Bank Reference Letters (local or overseas) ☐ Proof of annual income (Job letter)
- ☐ Affidavit of responsibility