

APPLICATION FOR ACCESS TO IMMIGRATION ONLINE (IOL)

- 1) This completed form must accompany a **letter of request on COMPANY LETTERHEAD.**
- 2) The letter and this form must be signed by a company Director, Owner, Human Resources Manager or other authorized signatory.

Completed requests can be emailed directly to IMM_IS@gov.ky OR dropped off/mailed to the main WORC Offices addressed to The Director, Workforce Opportunities & Residency Cayman, PO Box 1098, Grand Cayman KY1-1102, CAYMAN ISLANDS

APPLICATION FORM CONTAINS 1 PAGE

1. Organisation Name: _____

2. Address: _____

3. Contact Name: _____

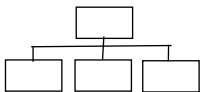
4. Contact Phone: _____ 5. Contact Email Address *: _____

* Your Agency ID and Activation Key will be sent to this email address. If you do not wish this information to be emailed and you wish to receive this information by an alternative method, please complete the comments section below.

6. Alternate Contact: _____ 7. Alternate Email Address: _____

Comments: _____

Company Hierarchy: Please list the companies which you would like to appear under the "Parent" Company. This will allow you to access all of your accounts under one login.



Parent Company: _____

Companies: _____

To Be Completed By Authorized Signatory

Name: _____ Title: _____

Signature _____ Date _____

(To be completed by The Department of WORC)

Agency ID Assigned: _____ Approved by: _____ Date _____