



# Permanent Residents - Change To Employment Circumstances Declaration

The completed application should be sent to:  
The Director of WORC / The Secretary, Caymanian Status & Permanent Residency Board,  
PO Box 1098, Grand Cayman, Cayman Islands, KY1-1102  
Do not leave any question blank. If a question does not apply to you, insert "Not Applicable" or "N/A" in space provided.  
Use separate sheet of paper if necessary.

APPLICATION FORM CONTAINS PAGES

If you have staff members who are permanent residence certificate holders, you must make this declaration. This declaration advises the WORC Department of the PR holders you have employed as well as when there is a change to any of their working conditions. These conditions include: Employment, Status, change in Occupation, Salary, or Benefits. Failure to do so is an offence. Provide a simple cover memo signed by an authorised signatory of the Employer. Retain a copy of all applications and attachments provided to Immigration.

## EMPLOYER DETAILS

1. Company Name (as on TBL), or Trade Name \_\_\_\_\_

2. Contact Name \_\_\_\_\_ 3. Contact Phone \_\_\_\_\_ 4. Nature of Business \_\_\_\_\_

5. Which Law governs this business \_\_\_\_\_ 6. T&BL No (if any) \_\_\_\_\_ 7. T&BL Expiry Date (if any) \_\_\_\_\_  
D/MMM/YY

## PERMANENT RESIDENCE CERTIFICATE HOLDERS EMPLOYED - use separate piece of paper if necessary

8 For all Permanent Residence Certificate Holder Employees, provide following information

PR Cert Holder Name 1 \_\_\_\_\_ Date of Birth \_\_\_\_\_ D/MMM/YY File No, if known \_\_\_\_\_

Occupation \_\_\_\_\_ Hire Date \_\_\_\_\_ D/MMM/YY Full or Part Time? Full  Part  Hours/Week \_\_\_\_\_

Currency CI\$  US\$  Salary \_\_\_\_\_ Benefits \_\_\_\_\_ Promoted or Demoted Yes  No

Redesignated Yes  No  Terminated or Resigned Yes  No  Salary changed Yes  No  Date of Change \_\_\_\_\_ D/MMM/YY

Explanation \_\_\_\_\_

PR Cert Holder Name 2 \_\_\_\_\_ Date of Birth \_\_\_\_\_ D/MMM/YY File No, if known \_\_\_\_\_

Occupation \_\_\_\_\_ Hire Date \_\_\_\_\_ D/MMM/YY Full or Part Time? Full  Part  Hours/Week \_\_\_\_\_

Currency CI\$  US\$  Salary \_\_\_\_\_ Benefits \_\_\_\_\_ Promoted or Demoted Yes  No

Redesignated Yes  No  Terminated or Resigned Yes  No  Salary changed Yes  No  Date of Change \_\_\_\_\_ D/MMM/YY

Explanation \_\_\_\_\_

## DECLARATION

Warning: It is an offence under the Immigration (Transition) Law, 2018 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 (Employer) \_\_\_\_\_ Date \_\_\_\_\_

\*Agency or representative signature not acceptable