

13. If the position was advertised or referred to the Labour Department, how many people married to Caymanian or persons legally resident in the Cayman Islands applied?

If such people did apply, why were they not hired?

.....

.....

14. How many people do you currently employ?

Of the people you employ, how many are Caymanian?

If you employ non-Caymanians, provide details of their nationality and their numbers:-

Nationality	No	Nationality	No
.....
.....
.....
.....

15. Is this applicant replacing a previous employee? YES/NO

If "YES", please provide name of person being replaced

16. Do you have a training programme

If so, please provide details with particular reference to how it will equip Caymanians with the skills and experience to do the job you now wish to fill

.....

.....

17. How much will the employee receive in salary or wages

.....

What is the minimum number of hours the employee will be required to work

.....

What other benefits, (if any) will the employee receive

.....

.....

18. For what period is the permit required (see front cover)

From which date do you wish the permit to be issued

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 of Employer

Date

Signature of Additional Employer

(If applicable)

NOW COMPLETE WORK PERMIT PAYMENT LOG (APPENDIX 2)

CAYMAN ISLANDS DEPARTMENT OF IMMIGRATION

WORK PERMIT PAYMENT LOG

PLEASE ENSURE THAT THIS LOG IS ATTACHED TO THE FRONT OF ALL WORK PERMIT APPLICATIONS

EMPLOYER

EMPLOYEE

OCCUPATION

NUMBER OF DEPENDANTS ACCOMPANYING

PLEASE SEE APPENDIX 1 BEFORE COMPLETING FOLLOWING SECTION

WORK PERMIT FEE * (for first year only) CI\$

ADMINISTRATION FILING FEE CI\$

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

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

TOTAL FUNDS SUBMITTED CI\$

PAYMENT METHOD: CASH / CHEQUE **

CHEQUE NUMBER

* If you are unsure of the work permit fee, please contact 949-8344

** Delete as necessary

**QUESTIONS RELATING TO THE PROVISION OF PENSION BENEFITS
AND HEALTH INSURANCE**

(To be answered 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 (1998 Revision)?

.....

2. What is the name of the administrator of your registered pension plan? Please provide contact name and telephone number.

.....

.....

HEALTH INSURANCE

1. With which Insurer has your company effected health insurance in accordance with the Health Insurance Law 1997 and regulations thereunder?

.....

2. What is the policy number of your Health Insurance Plan?

.....

EMPLOYER'S DECLARATION:

I declare that the information given above is correct and confirm that the employee for whom the work permit is being sought is or will become a member of the above Health Insurance Plan in accordance with the Health Insurance Law 1997 and regulations thereunder and is a member or will join the above Pensions Plan in accordance with the National Pensions Law (1998 Revision) and regulations thereunder.

NAME OF EMPLOYER _____

SIGNED FOR AN ON BEHALF OF EMPLOYER _____

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.*