



# Application For Residence Form

Date submitted:

MM DD YY

Total Work Permit Fee(s) submitted \$ \_\_\_\_\_ , Total Late Fee(s) \$ \_\_\_\_\_ , Other Fee(s) \$ \_\_\_\_\_

**NAME OF APPLICANT** (as it appears on passport)

Mr.  Mrs.  Miss  Ms.  Dr.  Other \_\_\_\_\_ **DATE OF BIRTH**

MM DD YY

**FIRST**

**MIDDLE**

**LAST**

Attach one passport size (1½" w x 1¾" h) photograph here and include two additional photos with the application. All photographs must have employee's name written on the reverse in ink.

**NATIONALITY**

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

**NUMBER OF DEPENDANTS**

*(Partner/Children)*

**APPLICATION FOR RESIDENCE TYPES:** (tick as appropriate)

- Permission to reside and seek employment *(including: seeking alternative employment)*
- Permission to reside and attend college or school
- Dependant re-entry letter
- Permission to reside on an annual basis
- Permission to seek employment *(Residents only)*
- Renewal of permission to reside
- Residential certificate holder
- Spouse of Bermudian/PRC Holder letter *(Do not complete Section 11)*

- New – This is the first request for the above person
- Applicant is currently in possession of an expiring or expired residential permission (attach copy)
- Applicant is in possession of a short-term work permit (attach copy)
- Applicant with specific Bermuda Connection
- Applicant is in possession of an Entry/ Re-entry document or written permission from the Minister to reside in Bermuda (attach copy)

# General Information for Employers and Employees

1. Employees are not immigrants to Bermuda, i.e. not a permanent resident of Bermuda and in the event of the termination of services for any reason, the worker must obtain permission to legally remain in Bermuda.
2. The grant of a work permit in no way implies any right to further work permits or to any other rights not specifically stated.
3. Applications to continue employment or to reside beyond the expiry date given will be considered on the merits of the application at that time.
4. Any Standard, Global or New Business Work Permit holder may seek alternative employment without obtaining permission of the Minister. Although there is no limitation on the number of job changes that a work permit holder may have, a work permit holder is not normally permitted to change employers during the first two years of employment with an initial employer. Work permit holders who have been employed in Bermuda for more than two years and who possess a valid work permit, may seek alternative employment but must not accept or engage in alternative employment in Bermuda without the permission of the Department of Immigration. [Exceptions may be made in circumstances where the applicant has been made redundant; where the applicant has lodged a complaint against their employer with the Department of Workforce Development (and it has been determined that the applicant has a bona fide grievance with the employer); upon making written request to the Minister to waive the two year requirement. This is subject to the Employment Act 2000 and employment contracts governing probationary periods.]
5. First time work permit holders who have been employed in Bermuda for less than two years and who wish to change employers must obtain permission from the Minister to continue to reside and seek alternative employment. First time work permit holders must not accept or engage in alternative employment until such permission has been granted.
6. Employees who do not possess a valid work permit, as a result of the expiration of a previous work permit and where a complete application has not been submitted, the employee must stop working unless specifically authorised by the Minister.
7. On termination of employment for whatever reason, the employer is required to advise the Department of Immigration of what arrangements the employee has made to leave, or remain in, Bermuda.
8. Employers and employees have certain obligations with respect to regulations governing the payment of Social Insurance contributions, employment tax and medical Insurance – non-compliance may affect the issuance of work permits. Note: Accounts over 90 days may require proof of a payment plan prior to the issuance of work permits.
9. Where applicable, an applicant must at all times, be mindful of and adhere to the conditions placed on his/her work permit. He/she must also take note of the 'General Information' listed on the back page of his/her work permit document. Also, where it is the responsibility of the employee to repatriate his/her dependants, he/she must honour this commitment and take immediate steps to ensure that when he/she departs Bermuda, his/her dependants will depart too.
10. The guarantee of repatriation by the employer is enshrined in law under the Bermuda Immigration and Protection Amendment (No. 2) Act 2013.
11. Where an agency submits applications on behalf of an employer or an employee, the accuracy of the form is the responsibility of the employer and the employee.
12. Penalties may be levied for breaches of the Work Permit Policies as per the Bermuda Immigration and Protection Amendment (No. 2) Act 2013.
13. For a complete review of Work Permit Policies, Work Permit Violations, Visa Policies and Work Permit Application Forms, go to: <http://www.immigration.gov.bm> (Ministry of Home Affairs)

**SECTION****2****Nationality Details of Applicant and Sponsored Dependants****A. DETAILS OF APPLICANT****Passport**

Passport number

Place of issue

Date of issue

MM DD YY

Date of expiry

MM DD YY

Note: Expiration date must meet the requirements of the visa policy for Visa Controlled Nationals.

**Visa**

Where applicable are your visas in order?

YES

Date of expiry

MM DD YY

Note: Expiration date must meet the requirements of the visa policy for Visa Controlled Nationals.

NO

NOT APPLICABLE

**Offences**

Have you ever been convicted of any criminal offences?

YES

NO

If YES, please state: When

MM DD YY

Where

Nature of offence

Sentence

You may supplement your response on a separate sheet – is a supplementary sheet attached?

YES

NO

**B. DETAILS OF SPONSORED DEPENDANTS**

Have your sponsored dependants ever been convicted of any criminal offences?

YES

NO

You may supplement your response on a separate sheet – is a supplementary sheet attached?

YES

NO

Does the passport and visa of your sponsored dependants meet the visa controlled national requirements?

YES

NO

You may supplement your response on a separate sheet – is a supplementary sheet attached?

YES

NO

## SECTION

## 3

# Personal Details of Applicant and Sponsored Dependants

## A. DETAILS OF APPLICANT

### Addresses and contact numbers

<p>Date of arrival in Bermuda <input type="text" value="MM DD YY"/></p> <p>Current address or intended address in Bermuda</p> <p>_____</p> <p>_____</p> <p>Legal address outside Bermuda</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>Telephone numbers      Home _____</p> <p>Work _____      Cellular _____</p> <p>E-mail _____</p>
--	---

Do you have family resident in Bermuda?  YES  NO

**Emergency Contact Information:** Give the name, address, telephone number and e-mail address of two persons to be contacted in case of emergency, and their relationship to you.

In Bermuda	<p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>E-mail _____</p>	<p>Relationship</p> <p><input type="checkbox"/> Employer</p> <p><input type="checkbox"/> Other (specify) _____</p>
Outside Bermuda	<p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>E-mail _____</p> <p>Relationship (specify) _____</p>	

### Marital Status and Sponsored Dependants

Are you  Single  Divorced  Widowed  Partner (see additional guidelines on the Department of Immigration website)

**OR**

Married in accordance with Bermuda law and...  Living together  Living apart: Spouse residing overseas due to overseas employment or education  Living apart: Spouse residing in Bermuda and separated due to marital matters  Legally separated

Date of marriage

**SECTION****3****Personal Details of Applicant and Sponsored Dependants** Continued**B. DETAILS OF DEPENDANT PARTNER**Surname(s) First name Middle name(s) Family name at birth Age Male Female 

Date of Birth

**Is your partner currently residing in Bermuda?****YES**Date of arrival  
in Bermuda

Is partner employed in Bermuda?

YES

NO

If YES, Reference Number \_\_\_\_\_

Employer name \_\_\_\_\_

**NO**Is he/she expected to enter  
Bermuda to reside?

YES

NO

If YES, please give date  
of expected entry (if known)Nationality of partner **C. DETAILS OF DEPENDANT CHILDREN**

**NOTE:** Children under 18 years of age are classified as dependants of their parents. In cases where the children are attending a college or university, the children continue to be classified as dependants up to the age of 25 years. Dependant children, on attaining 18 years of age, who are not attending a college or university and who wish to reside in Bermuda, require permission in their own right to do so.

**Do you have any children (whether dependants or not)?**

NO

YES If YES, complete the following section

How many dependant children  
do you have? (Under 18 years old)How many dependant children,  
will be residing with you in  
Bermuda? (detail below)Do you have dependant  
children who were born in Bermuda?

YES

NO

Are your dependant children  
registered as nationals of your  
country of nationality?

YES

NO

If YES, provide documents pursuant to the Work Permit Policies.

If NO, give reason

**SECTION****3****Personal Details of Applicant and Sponsored Dependants** *Continued*

Please provide information about dependant children *WHO WILL BE* residing with you in Bermuda including names as they appear on passports

**Child 1** Name

Last  Middle  First

Male  Female  Date of Birth  Nationality

Name school attending/will be attending

**Child 2** Name

Last  Middle  First

Male  Female  Date of Birth  Nationality

Name school attending/will be attending

**Child 3** Name

Last  Middle  First

Male  Female  Date of Birth  Nationality

Name school attending/will be attending

**Child 4** Name

Last  Middle  First

Male  Female  Date of Birth  Nationality

Name school attending/will be attending

**If you need to add information for additional children or dependants, copy relevant page(s) and attach to this form.**

**Are supplementary pages attached?**  YES  NO

## Police Certificate

- First time residents must obtain an original Police Certificate displaying original seal, stamp or other like display of authorisation.
- Applicants must request a Police Certificate, from the Police authority of their last place of residence. Police Certificates may be referred to as Certificate of No Criminal Conviction, Police Clearance or other like references. Applicants must specify to their authority that the Police Certificate is required for overseas employment purposes to ensure that the correct document has been obtained.
- Nationals residing in the UK (i.e. England, Wales, Scotland and Northern Ireland) and seeking employment in Bermuda in professions responsible for the care and supervision of children or the elderly, ie; teachers, caregivers, nannies, private nurses, psychologists, or other like professions, will require the International Child Protection Certificate (refer to [www.acro.police.uk/icpc](http://www.acro.police.uk/icpc)).
- All other nationals residing in the UK (i.e. England, Wales, Scotland and Northern Ireland) must obtain Police Certificate (with photo); "Subject Access" Certificates do not meet this requirement (refer to [www.acro.police.uk/police\\_certificates](http://www.acro.police.uk/police_certificates)).
- Applicants residing in Hong Kong are not eligible for a Police Certificate. Applicants must refer to [www.police.gov.hk](http://www.police.gov.hk) for additional details.
- Police Certificates are valid for six months from date of issue.

## Medical Clearance – Required for first time Residents – See Section 10 for KEMH Medical Clearance Form

### Chest X-ray (Plate or CD)

- Individuals from jurisdictions identified as high risk for tuberculosis (TB), or who have ever resided in such a jurisdiction for a period of three months or more must provide a chest X-ray and a letter from a certified physician confirming they pose no health risk and are free from TB. This list is based on the World Health Organisation's Yearly Report on tuberculosis. This list will mirror the high risk jurisdiction list as published yearly, or more frequently as may be necessary.
- Applicant's name, date of birth and date of issue must be scribed onto the actual chest X-ray.
- Full chest (anterior and posterior view) is required for all persons over age 12 who are relocating.
- Chest X-rays (plate or CD) are valid for six months from date of issue.

### Medical Clearance – Medical Certificate

- Original general certificate of good health displaying name, date of birth and date of issue.

## Employment References

- Photocopy is permitted.
- Required to be submitted by first time residents, persons changing employers and persons being promoted to support experience requirement.
- Company name, contact details of referee and date written.
- Letter must be titled 'Employment Reference' and must state Name of Applicant.
- Title of position(s) held in the company with start date and end date of employment in each position (month and year).
- The years of experience confirmed by the Employment References must satisfy the years of experience required in the advertisement.
- Name and position of person writing reference and relationship to applicant.
- Must be signed by the referee (HR Manager, supervisor or other more senior position).
- Self-employed persons may submit reference letters from long-term clients to cover years required as per advertisement.
- Training period does not satisfy experience requirement.

## Character References

- Photocopy is permitted.
- Required to be submitted by first time residents, persons changing employers and persons being promoted to support experience requirement.
- Name and contact details of the referee and date written.
- Letter must be titled 'Character Reference' and must state Name of Applicant Relationship of the referee to the applicant. Referee must be a person of good standing and/or of senior position, i.e. clergy, teacher, executive, legal, etc.
- Reference must speak to person's character; honesty, integrity, moral standing, trustworthiness, etc. Note: this is not a work reference. Personal relationships must be declared.
- Minimum of **two** character references are required.

## Qualifications

- Original certified copy of qualifications relevant to the position.
- Submit only if reference needs to be made to a Statutory Council.

## Additional Information/Supplementary Sheet

- Company name, contact information, dated, and signed.
- Name (as it appears on passport), date of birth, nationality of applicant.

- Why supplementary additional information is being submitted; why application is urgent (as appropriate).
- Detail what efforts have been made to employ local resources (companies or staff) and why these local resources were not selected (this information is separate from Recruitment Disclosure Form information).

- Must be submitted for all sponsored dependants applicants. Multi-entry visas for visa controlled nationals cannot expire within 45 days of the expiration date of full work permit.
- Expiration date of multi-entry visa may affect the expiration date of the work permit.

## Fee \*As appropriate

- Full payment of all related work permit and late fees must accompany application, payable to the Accountant General.
- Cash and credit card payments: submit application with payment at the front counter.
- Cheque or local bank draft payments: place application in the drop box.
- Applications with incorrect fees will not be processed; employers will be required to collect incomplete applications from collection desk.

## Partner

- Affidavit explaining genuine and subsisting relationship

## Marriage Certificate

- Original certified copy of all marriage certificates for marriage that is recognised in accordance with Bermuda law and all divorce decrees, regardless if spouse is relocating.

## Birth Certificate

- Original certified copy of long form birth certificate is required for all relocating dependent children.

## Application for Residence Form

- Completed **IN FULL** (indicate "N/A or None" for sections not applicable) and signed by applicant and employer/agent (where appropriate).

## Applicant's résumé

- Résumé must display personal details, i.e. name (as it appears on passport), current address, telephone and e-mail address.
- Résumé must display employment details, i.e. month and year of employment, job title(s) and name of employer. Where more than one job title was held with the same employer, month and year of employment must be displayed against each job title.
- The content of the résumé must support the Employment References that will be retained by the employer submitting the application.

## Passport Size Photos

- Passport size (approx 1 ½"w x 1 ¾"h) and in colour (white background preferred).
- Consistent with likeness on passport, name must be printed on back of all photographs.
- 3 photographs of applicant required (affix one to front of application form).
- 2 photographs each for all sponsored dependants

## Specific Bermuda Connection

- Original certified copy of passport of Bermudian accompanied by detail of the connection.
- In the instance where a child is the Bermudian connection, an original certified copy of the child's passport and birth certificate must be submitted with the application.

## Proof of Citizenship (Passport)

- Original certified copy of passport (front and data pages).
- Must be submitted for all sponsored dependants applicants.
- Personal details displayed on passport must be consistent in all submitted documents.
- Passports for visa controlled nationals cannot expire within 45 days of the expiration date of full work permit.
- Expiration date of passport may affect the expiration date of the work permit.

## Proof of Multi-Entry Visa/Permanent Resident Card issued by USA, Canada or UK (only)

- Original certified copy of multi-entry visa or permanent resident card,



SECTION

# 5

## Disclosure and Declaration

### A. DISCLOSURE

I understand that under the provisions of the Bermuda Immigration and Protection Act 1956, it is a criminal offence to make any statement which is false in a material particular and which I know to be false or I believe not to be true.

I understand that breach of the Bermuda Immigration and Protection Act 1956 may cause my work permit and permission to reside in Bermuda to be revoked. I understand that I and my dependants are not regarded as immigrants and that there is no guarantee of further employment or right of continued residence in Bermuda upon the termination or loss of employment at any time.

I certify that the statements made in this form, that apply to me, are correct. I understand that any changes in the information provided must be notified to the Department of Immigration in writing and that failure to do so may result in the revocation of my work permit or my permission to reside in Bermuda.

Applicant/Resident signature

Applicant/Resident name (print)

Date

---

### B. DECLARATION

The following declaration needs to be read, understood and signed by all work permit applicants arriving in Bermuda on or after 1 August 1989. If you do not understand anything in the declaration, please ask for clarification before signing.

*I am now informed and understand:*

- when I am no longer eligible for a work permit I will not qualify to remain longer in Bermuda on the basis of my past residence as a work permit holder, *regardless of the length of that residence*;
- that the same applies to my dependants, wherever born, who do not have 'Bermudian status' or permanent residence (i.e., a Permanent Resident's Certificate);
- that as a work permit holder I am subject to restriction on the period for which I may remain in Bermuda and therefore there is no basis in law for me to be naturalised as a British overseas territories citizen;
- that a work permit is issued or renewed only when the employer can show, each time an application is made, that there is no local person<sup>1</sup> who is qualified, or who may be trained, to take the position in question;
- that Bermuda's laws aim to preserve Bermuda's land and other resources for those with Bermudian status or permanent residence and therefore must limit the number of persons obtaining such status or residence; and
- that children born in Bermuda to non-British parents whose immigration permission is subject to time restrictions are not BOTCs<sup>2</sup> by birth.

Applicant/Resident signature

Applicant/Resident name (print)

Date

<sup>1</sup>Local person means a Bermudian, spouse of a Bermudian or a Permanent Resident Certificate holder

<sup>2</sup>BOTCs means British Overseas Territories Citizen

### C. EMPLOYER DECLARATION

The following Declaration must be read, understood and signed by the employer (an agent cannot sign):

I understand that under the provisions of the Bermuda Immigration and Protection Act 1956, it is a criminal offence to make any statement which is false in a material particular and which I know to be false or I believe not to be true in respect of this application.

I understand that pursuant to the Bermuda Immigration and Protection Act 1956 it is the responsibility of the employer to repatriate work permit holders and their sponsored dependants.

I understand that work permit holders must only perform duties pursuant to the terms of their work permit, job description and statement and conditions of employment unless specific permission is given otherwise by the Minister responsible for Immigration.

I certify that:

The employer is not delinquent by more than 90 days in meeting its statutory obligations in respect of payments of payroll tax, health insurance, social insurance and pension contributions for all employees **whether they are on a work permit or not.**

**OR**

The employer is delinquent by more than 90 days in meeting its statutory obligations in respect of payments of payroll tax, health insurance, social insurance and pension contributions **for all employees whether they are on a work permit or not** and enclosed with this application is proof of an agreed payment plan with the relevant Government departments.

To the best of my knowledge and belief the applicant is of good character, possesses the qualifications purported in the application, is in good health and does not have a criminal record.

I have read and understand the Work Permit policies issued by the Department of Immigration.

I am duly authorised to sign this Declaration on behalf of the employer.

Print name

Position/Title

Signature

Date

MM DD YY

SECTION

# 6

## Medical Clearance Form

Individuals from jurisdictions identified as high risk for tuberculosis (TB), or who have ever resided in such a jurisdiction for a period of three months or more must provide a chest XRay and a letter from a certified physician confirming they pose no health risk and are free from TB.

This list of jurisdictions is based on the World Health Organisation's Yearly Report on tuberculosis. This list will mirror the high risk jurisdiction list as published yearly (or more frequently as may be necessary) by the World Health Organisation. (See Work Permit Policy, Appendix II).

**To be completed by Employer (submit this form to the KEMH with referral application documents attached to the back)**

Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Date:

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant: \_\_\_\_\_

**To be completed by Diagnostic Imaging Department, KEMH:**

The KEMH is required to check the box for documents that have been submitted and reviewed, and comment on the results of their findings :

- XRay Plate/CD "Plate"       Medical Certificate of Good Health "MC"
- XRay Report "Report"

Upon review and consideration of the above medical information KEMH has the following response:

- NAD - No significant radiological abnormality noted in lung fields or cardiac silhouette
- KEMH has comments to make. Medical information:
  - MC / Plate / Report (check as applicable) was not received
  - MC / Plate / Report (check as applicable) is undated, please resubmit
  - MC / Plate / Report (check as applicable) details must be in English
  - MC / Plate / Report (check as applicable) has expired
  - MC / Plate / Report (check as applicable) name must be embedded in Plate or noted on MC / Report

Other comments: \_\_\_\_\_

Authorising Physician: \_\_\_\_\_ Comment Date:

**KEMH, PLEASE FORWARD THIS FORM TO THE EMPLOYER NOTED ABOVE**

**SECTION**

# 7 Financial Support

To be completed by applicant seeking permission to reside including a sponsored dependent of a work permit holder.

Your health insurance provider

Health insurance policy #

**Please attach a certified copy of the policy document or insurance card**

**If you will be financially self-supporting:**

How do you intend to support yourself while in Bermuda

Your current approximate annual income

Your current approximate net worth

**Please provide supporting documents, including current bank statements and bank and credit references**

**If you will be financially supported by a sponsor:**

Name of sponsor

Your relationship to sponsor

Sponsor's current approximate annual income

Sponsor's current approximate net worth

**If you are applying for a residential certificate:**

How long have you resided in Bermuda?

Do you own a house or condominium in Bermuda?  YES  NO

Are you a retired person?  YES  NO

Are you the beneficial owner of any company?  YES  NO

If yes, include details regarding the company and your role in it

SECTION

# 8

## Non-Bermudian Spouses of Bermudians or of Permanent Residents

To be completed by persons applying as a Spouse of a Bermudian or of a Permanent Resident

### Declaration by the non-Bermudian Spouse of a Bermudian or of a Permanent Resident

I declare that all of the particulars contained in this application are true and correct to the best of my knowledge and belief. I promise to inform the Chief Immigration Officer, in writing, of any change in circumstances which may affect the accuracy of the information given. I understand that if I make a statement in this application which is false in a material particular, and which I know to be false or which I do not believe to be true, should this application be successful, the subsequent issuance of a Spouse's letter shall be rendered null and void.

Print name

Signature

Date

MM DD YY

### Declaration by the Bermudian/Permanent Resident Spouse

Name of non-Bermudian spouse

We are both ordinarily resident in Bermuda and live together as husband and wife at the address listed in Section 2

Print name

Signature

Date

MM DD YY