DEPARTMENT OF COMMERCE & INVESTMENT
CAYMAN ISLANDS GOVERNMENT

DCI 3/FORMB CERTIFICATE OF COMPLIANCE – SELF CERTIFICATION FORM

NOTE: CERTIFICATE VALID FOR 6 MONTHS FROM DATE OF PPA OFFICIAL STAMP.
PLEASE REFER TO THE GUIDANCE NOTES ON THE BACK OF THIS FORM.

SECTION A: TO BE COMPLETED BY THE EMPLOYER

1. Employer/ Business Name:_____
2. Contact Person: _____ Tel#:_____
3. Mobile #:_____Email:_____
4. I hereby declare that this business **has** employees : YES ☐ NO ☐ ***If YES go to Section B or C or Both*** ; ***If NO go to Section D only***

SECTION B: TO BE COMPLETED BY THE EMPLOYER-PENSION SELF CERTIFICATION

1. Please provide the *Name(s) of your **Pension Plan(s)** registered pursuant to Sections 4 and 25 of National Pensions Law*

_____

See guidance notes A

2. What is your *Pension Number*(s)_____ Below or attached is a list of employees including their names, dates of birth, nationalities, dates of commencement of employment, Immigration status, as well as the name(s) of the pension plan(s).

Employee name(s)	Date of Birth	Nationality	Immigration Status (Caymanian, Permit Holder , etc.	Employment start Date	Name of Pension Plan

5. **State the last contribution date**_____

SECTION C: TO BE COMPLETED BY THE EMPLOYER-HEALTH INSURANCE

1. *Name(s) of Approved **Health Insurance Plan** provider(s) pursuant of Section 5 of the Health Insurance Law (2013 Revision)*

See guidance notes B

2. What is your *Health Insurance Plan Number(s)*? _____
3. Below or attached is a list of employees showing name(s), of the Health plan(s), policy number etc.

Employee name(s)	Policy Number	Certificate Number	Effective Date	Name of Health Plan

SECTION D: SELF - CERTIFICATION CERTIFCATE (TO BE COMPLETED BY OWNER)

I / We, _____, [*INSERT EMPLOYER NAME HERE*], owner/employer of **TBL number(s)** _____do certify that the information stated above is true and correct to the best of my / our knowledge and belief. I / We confirm that I am / we are compliant with the ***National Pensions Law & Regulations*** and the ***Health Insurance Law***. I am / we are aware that checks will be made with the provider and that any information contrary to the above may affect my application. I understand that it is a criminal offence to make a statement or representation that is false in a material fact which I / we know to be false or do not believe to be true. I / We also confirm that upon signing this form, I/we have read and understood this declaration.

_____ _____ _____
Print Name of Employer | Authorized Signature | Date *dd/mm/yyyy*

Note: This form will be forwarded to the National Pensions Office AND Health Insurance Commission upon receipt.

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GUIDANCE NOTES

A. SELF-CERTIFICATION FORM- PENSION

Please note that this form at no time replaces the Pension Enrolment Form (**DLP 2/ FORM A)**
All efforts should be made to obtain a completed Pension Enrolment Form from your service provider before this form is used to submit in support of TBL, LCCL, etc. However if the above is not forthcoming – a completed **SELF-CERTIFICATION FORM (DCI 3/FORMB)** is required for the below:

Requirements –please ensure that you have done the following:

a) Complete Section A, B & D of the Self-Certification Form –in its entirety and present the completed form with you TBL/LCCL, etc. Application
b) Confirm that you have read, understood and signed the **Employer Declaration in Section D**
c) Ensure that the Authorized Signatory (ies) of the Employer(s) represent(s) the Director(s), Shareholder(s) or Principal(s) of the Employer(s). **NO** other signature will be accepted.

B. SELF-CERTIFICATION FORM- HEALTH

Please note that this form at no time replaces the Health Insurance Compliance Certificate **(HCI FORM M)**
All efforts should be made to obtain a completed Health form from your service provider before this form is used to submit in support of TBL. However if the above is not forthcoming – a completed **SELF-CERTIFICATION FORM** (**DCI 3/FORMB**) is required for the below:

- Trade & Business License Grant
- Trade & Business License Renewal

Requirements –please ensure that you have done the following:

a) Complete Section A, C& D of the Self-Certification Form –in its entirety and present the completed form with your TBL/LCCL, etc. Application
b) List all employees covered under the your Health Insurance plan (use additional paper if required)
c) Please note that the certificate will not be accepted as complete if it's not singed by **the owner** of the business (Signature by agencies or legal representative are not valid)
d) Confirm that you have read, understood and signed the **Employer Declaration in Section D**

Note: This form will be forwarded to the National Pensions Office AND Health Insurance Commission upon receipt.