

## **DECLARATION**

Made under sections 110(A) (1) (b) and 110(A) (1) (c) of the Customs and Border Control Act 2021 By an applicant under sections 90 or 110 of the Customs and Border Control Act 2021.

FULL NAME:	
D.O.B.:	
NATIONALITY:	
PASSPORT NO.:	
MAILING ADDRESS:	
E-MAIL ADDRESS:	
TELEPHONE CONTACT:	
In furtherance of an application for solemnly and sincerely declare that	or a right under the Customs and Border Control Act 2021, I, the undersigned, do at:
Select a	a Box from Part A, or B which is applicable:
PART A: Please complete i approved in the Cayman Isla	f you are vaccinated by a COVID-19 vaccine course currently <u>not</u> nds.
Islands and proof of my	ted with a vaccine course which is <u>not an approved vaccine course</u> in the Cayman vaccination is attached to this declaration; therefore, I will comply with any Officer of Health given with regard to vaccination.
	ecompanying dependents who are vaccinated with a vaccine course that is not an in the Cayman Islands, will comply with any directions of the Medical Officer of to vaccination.
PART B: Please complete if y	ou are currently <u>unvaccinated</u> .
Control Act, 2021, and I of Health; therefore, I wi	student entering the Cayman Islands under section 110 of the Customs and Border do not possess either a medical certificate or an exemption by the Medical Officer ll complete an approved vaccine course and provide the Cabinet or the Director of trol, as applicable, with a vaccination certificate —
■ within forty d	ays of being granted permission to attend an educational institution in the Islands

• within forty days of being granted permission to remain in the Islands; or

within forty days of the date of my landing in or entry into the Islands for the purpose of my

through the issue of a student visa; or

course; or

within forty days of being granted permission to remain in the Islands, of
 within such other period as directed by the Medical Officer of Health.

I am an unvaccinated person entering the Cayman Islands under section 90 of the Customs and Border Control Act, 2021, and I do not possess either a medical certificate or an exemption by the Medical Officer of Health; therefore, I will complete an approved vaccine course and provide the Cabinet or Director of Customs and Border Control, as applicable, with a vaccination certificate —
<ul> <li>within forty days of being granted permission; or</li> <li>within forty days of the date of my landing in or entry into the Islands; or</li> <li>within such other period as directed by the Medical Officer of Health.</li> </ul>
I confirm that any accompanying dependents who are unvaccinated, will comply with any directions of the Medical Officer of Health given with regard to vaccination.
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I acknowledge and understand that, should my application be submitted, any failure to submit proof of a vaccination certificate, a declaration or a medical certificate or an exemption by the Medical Officer of Health, will result in my application not being considered by the Cabinet or the Director of Customs and Border Control.
Further, I acknowledge and understand that, should I or any of my dependents, fail to be vaccinated in accordance with a declaration or to comply with any directions as are provided by the Medical Officer of Health with regard to vaccination, it will result in the revocation of any permissions to land in, enter into, remain in or attend an educational institution in the Islands.
SIGNATURE:
DATE: