Department of
Labour & Pensions
Cayman Islands Government

Service Employer Declaration

Gratuities Deregistration Form

Company Name: _____ Date: _____

Name of Company Representative: _____ Position: _____

Currently collects gratuity: ☐ YES ☐ NO

Gratuity reports up to date: ☐ YES ☐ NO

Total number of service employees: _____

All gratuity collected has been disbursed: ☐ YES ☐ NO

Reason for deregistration: ☐ Business Permanent Closure ☐ No longer wish to collect gratuity ☐ Other

If closure, indicate last date of operation: _____

If other: _____

_____

Signed Declaration

I, _____ acknowledge that the establishment will longer be permitted to lawfully collect and distribute
Full Name
gratuity. Should we consider reinstating gratuity, I am aware that a new registration submission and approval from the Director of Labour & Pensions will be required before implementation.

Name: _____ Signature: _____

ID Type and #: _____ Date: _____

Department Use Only:

Date Received: _____ Date Updated: _____

Receipting Officer: _____

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Required Supporting Documents

1. Current Staff Listing including positions and wage/salary
2. Acknowledgement letters from affected employees
3. All outstanding gratuity reports
4. If closing, please provide a copy of the letter issued to all service employees
5. If operations will continue without gratuity, submit a copy of the menu / website / brochure with gratuity removed