



Address: 2nd Floor Anderson Square, George Town, Grand Cayman | **Mailing Address:** P.O. Box 2182, Grand Cayman KY1-1105, CAYMAN ISLANDS
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NON-COMPLIANCE REPORT

TO BE COMPLETED IN INK & BLOCKED CAPITALS AND SIGNED & WITNESSED

EMPLOYER INFORMATION

1. (a) Name of Business: _____ (b) Contact Person: _____
(c) Mailing Address: _____
(d) Physical Address: _____
(e) Phone #: _____ (f) Email Address: _____
2. Name of Pension Plan: _____

YOUR INFORMATION

3. Last Name: _____ First Name: _____ Middle Initial: _____
4. (a) Mailing Address: _____
(b) Physical Address: _____
(c) Phone #: _____ (d) Email Address: _____
5. Date of Birth: _____ (dd/mm/yy)

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6. (a) Start date of employment relating to this complaint: _____ (b) End date: _____

7. (a) Are you Caymanian or a Status Holder? Yes No If yes, go to Question #8.
(b) Is this your first work permit on the Island? Yes No
(c) Date of first work permit if after January 1999? _____ (dd/mm/yy)

8. Nature of Complaint: Please circle the appropriate letter(s) below that best describes your complaint:
- (a) Pension is being or was deducted from salary but not paid into a pension plan.
 - (b) No pension plan has been provided for you and no deductions have been taken.
 - (c) Business does not have a pension plan.
 - (d) Other: Please explain below
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9. Evidence

- (a) As part of our investigation, it may become necessary to use your name. We will make every effort to avoid revealing the identity of our clients; however, in order to resolve the case, it may be necessary. Do we have your permission to inform the employer of your name? Yes / No
- (b) Do you have any payroll slips? Yes/No. Please attach original pay slips. If not available today, please bring them in within one week. **This information is critical to support your report.**

10. Are you leaving the island? Yes/No

(a) When? _____

(b) Forwarding Address: _____

(c) New Contact Number: _____ (d) Email Address: _____

11. I declare that the information given above is provided by me voluntarily and is to the best of my knowledge and belief correct.

Signed _____

Name: _____
(blocked capitals)

Date: _____

For Office Use Only:

WITNESSED BY:

Signed _____

Name: _____
(blocked capitals)

Date: _____

For Office Use Only:

SEEN BY SUPERINTENDENT/DEPUTY SUPERINTENDENT:

SIGNATURE: