

WORK PERMIT CANCELLATION

This Application form must be submitted with supporting documents as listed at our website <http://www.employment.gov.mv> under Guidelines for Employers.

Details of the Work Permit

Work Permit No:	<input type="text"/>	Site ID:	<input type="text"/>
Work Site:	<input type="text"/>		

Details of the Employee

Name (As in Passport):	<input type="text"/>	Passport No:	<input type="text"/>
Expected Departure Date:	<input type="text"/>		

Person submitting CLForm

Name:	<input type="text"/>	Address:	<input type="text"/>	Phone:	<input type="text"/>
Other Name:	<input type="text"/>	ID Card No:	<input type="text"/>	Signature:	<input type="text"/>

Declaration by the Employer

Please cancel the Work Permit stated above for reason I state below. I verify that the information provided is true.

Employer Name:	<input type="text"/>	Date:	<input type="text"/>	Signature:	<input type="text"/>
Company Seal:	<input type="text"/>				

Reason for Cancellation (tick as appropriate)

<input type="checkbox"/>	Cancellation on completion/resignation
<input type="checkbox"/>	Cancellation while abroad
<input type="checkbox"/>	Cancellation within 60 days for non-arrivals
<input type="checkbox"/>	Cancellation due to death
<input type="checkbox"/>	Cancellation due to change of status