



EMPLOYMENT APPROVAL 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 Employment Approval

| | | | |
|------------|----------------------|----------|----------------------|
| EA 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 CL Form

| | | | | | |
|-------------|----------------------|-------------|----------------------|------------|----------------------|
| 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 employment approval 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:

Employer ID verification (office use only)

Employer's ID / Registration No : _____

Verified by: _____

Name: _____

Designation: _____

Signature and Stamp

Reason for Cancellation(tick as appropriate)

Cancellation on completion/resignation

Cancellation while abroad

Cancellation within 60 days for non-arrivals

Cancellation due to death

Cancellation due to change of status