

EMPLOYER CHANGE APPLICATION FORM

This Application form must be submitted with supporting documents as listed at our website <http://www.employment.gov.mv> under Guidelines for Employers and endorsed by Department of Immigration & Emigration.

Details of the Employee (as on Passport)

First Name: <input style="width: 95%;" type="text"/>	Last Name: <input style="width: 95%;" type="text"/>
Other Names: <input style="width: 95%;" type="text"/>	Passport No: <input style="width: 95%;" type="text"/>
Present EA No: <input style="width: 95%;" type="text"/>	Previous Passport No (if any): <input style="width: 95%;" type="text"/>

Details of Present Employer

Employer Name: <input style="width: 95%;" type="text"/>	
Address: <input style="width: 95%;" type="text"/>	
Phone no: <input style="width: 45%;" type="text"/>	Mobile: <input style="width: 45%;" type="text"/>

Details of new Employer

Employer Name: <input style="width: 95%;" type="text"/>	
Address: <input style="width: 95%;" type="text"/>	
Phone no: <input style="width: 45%;" type="text"/>	Mobile: <input style="width: 45%;" type="text"/>

Worksite Details

Worksite Name: <input style="width: 95%;" type="text"/>	Site ID: <input style="width: 95%;" type="text"/>
Occupation: <input style="width: 95%;" type="text"/>	Salary (US\$): <input style="width: 95%;" type="text"/>
Job Description : <input style="width: 95%;" type="text"/>	

Declaration

We, the undersigned, hereby agree to change the employer as specified above

Present Employer	New Employer	Employee
Name: <input style="width: 95%;" type="text"/>	Name: <input style="width: 95%;" type="text"/>	Name: <input style="width: 95%;" type="text"/>
ID/Company Registration No: <input style="width: 95%;" type="text"/>	ID/Company Registration No: <input style="width: 95%;" type="text"/>	
Date: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
Signature & Stamp: 	Signature & Stamp: 	Signature:

Deposit Collection (Department of Immigration & Emigration use only)

Name: _____	Deposit Receipt Number & Date: _____
Designation: _____	Stamp: _____