

OCCUPATION / SITE 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.

Details of the Employee (as on Passport)

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

Details of Employer

Employer Name: <input type="text"/>	Work Site Name: <input type="text"/>
Address: <input type="text"/>	Site ID: <input type="text"/>
Phone no: <input type="text"/>	Mobile: <input type="text"/>

New Worksite and / or Occupation

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

Declaration by

<p>Employer</p> <p>Name: <input type="text"/></p> <p>ID/Company Registration No: <input type="text"/></p> <p>Date: <input type="text"/></p> <p>Signature & Stamp: </p>	<p>Employee</p> <p>Name: <input type="text"/></p> <p>Date: <input type="text"/></p> <p>Signature: </p>
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