



Application for Work Permit

Non-Citizens (Employment Restriction) (Amendment) Regulations 1994

FIRST SCHEDULE (regulation 3)

SECTION 1: TO BE FILLED AND SIGNED BY APPLICANT

1. Surname of applicant:

2. Name :

1. Nationality :.....

Nationality Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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4.1 Place of birth :.....

4.2 Date of birth :

DD	MM	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Sex : Male : Female :

6. Marital status : Single Married Divorce

7. Number of children :

8.1 Passport Number :

8.2 Date of issue :

DD	MM	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

8.3. Place of issue :

9. Home address :.....

10. Last place of residence :.....

11. Professional/academic qualifications (certified copies or photocopies to be attached):

Qualification Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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12. Particulars of persons intending to accompany applicant:

Name	Date of Birth (DD-MM-YY)	Relationship	Occupation
(1).....			
(2).....			
(3).....			
(4).....			
(5).....			

13. Profession or occupation in which applicant intends to engage in Mauritius (job profile to be attached).....

Occupation Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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14. Economics/industrial activity of employer.....

Industrial Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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15. Experience gained in job applied for or in related fields, (testimonials to be attached).

Occupation	Period (MM-YY)	
	From	To
(1).....		
(2).....		
(3).....		
(4).....		

16.1 Is applicant in possession of a residence permit? YES NO

16.2 If YES, state permit number :

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16.3 If NO, state whether application has been made for such permit : YES/NO

16.3 If YES, date of application :

DD	MM	YEAR

17.1 Particulars of applicant's prospective employer :
Name of employer :.....

17.2 Address of employer :.....

18.1 Is this a first application for a work permit ? YES NO

18.2 If YES, for how long does applicant intend to work in Mauritius ?
(Number of months)

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18.3 If NO, give particulars of previous and present employer in Mauritius :

Occupation	Period (MM-YY)		Name & address of employer	Work permit Number						
	From	TO								

19. Any other particulars in support of application.....
.....

20. I hereby declare that the above particulars are true and I understand to comply with any conditions which may be attached to the grant of a work permit.

Date :.....

.....
Signature of applicant

SECTION 2 : TO BE FILLED AND SIGNED BY EMPLOYER

1. This is to certify that.....Co. Ltd.
Proposes to employ Mr/Mrs/Miss.....
of.....national in the capacity of.....
in the establishment situated at.....on the terms and conditions mentioned
in the enclosed contract of employment. The services of the applicant have been retained for the following
reason/s.....
.....
.....
He/She will be accommodated at.....
.....
2. The Company undertakes that, in respect of the employment of Mr/Mrs/Miss.....
.....
 - (i) His/Her wages and conditions of employment will not be less favourable than prescribed in the laws of Mauritius;
 - (ii) He/She will be accommodated to the satisfaction of the Government of Mauritius, represented by the Ministry of Health and the Fire Authorities;
 - (iii) He/She will be provided with an air ticket to return to his/her home country on the termination of the of the contract of employment or for any cause whatsoever.
3. The Company also undertakes to provide on issue of the permit in respect of Mr/Mrs/Miss.....
.....a deposit in the amount prescribed.
4. A sum of Rs.....as processing fees is enclosed.
5. A medical certificate in respect of Mr/Mrs/Miss.....
.....is also attached.

Signature.....

Name.....

Designation.....

Date.....

Telephone Number.....

Seal of Company

FAILURE TO COMPLY WITH ANY OF THE CONDITIONS MENTIONED AT PARA 2 ABOVE MAY LEAD THE MINISTRY TO TAKE ANY ACTION THAT MAY BE DEEMED NECESSARY

SECTION 3 : TO BE FILLED BY AN AUTHORISED OFFICER OF THE MINISTRY

1. Date application received :.....

2. Previous Work Permit :

Number

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Date of Expiry

DD	MM	YEAR

3. Checking of documents :

Documents submitted	Yes	No	Remarks
(1) Passport Details.....			
(2) Qualifications.....			
(3) Job Profile.....			
(4) Testimonials.....			
(5) Medical Certificate.....			
(6) Contract of Employment.....			

4. To Cashier

Please accept this application form and a sum of Rs 500/- as processing fee.

.....
Signature of Authorised Officer

Name.....

Date.....

Designation.....