



DOL CHECK LIST FORM

DETAILS ABOUT THE WORK PERMIT (FEE AND TAX):

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|---|---|
| <p>Work Permit Exemption (Short Term)</p> <ul style="list-style-type: none"> ○ Work Permit Tax : 10 000Vt ○ Validity Period of Work Permit: From One (1) Week to One (1) Month. ○ Not Renewable. | <p>Temporary Work Permit (Short Term)</p> <ul style="list-style-type: none"> ○ Work Permit Tax: 40 000Vt ○ Validity Period of Work Permit: One Month up to Four (4) Months. ○ Not Renewable |
| <p>Permanent Work Permit (Long Term)</p> <ul style="list-style-type: none"> ○ Application Fee: 20 000Vt ○ Work Permit Tax: 330 000Vt ○ Validity Period of Work Permit: one (1) year ○ Can be Renew each year and only up to four (4) Years | <p>Work Permit For Religious Institution (Long Term)</p> <ul style="list-style-type: none"> ○ Application Fee: 20 000Vt ○ Validity Period of Work Permit: One (1) Year ○ Can be Renew each Year |

NOTE: THE FEES APPLICABLE FOR THE WORK PERMIT TAX ARE NOT REFUNDABLE IF APPLICATION IS REFUSED.

CHECK LIST ON WORK PERMIT APPLICATION (S):

For the issuance of new applications being for exemption, temporary, valid permit for 1 year and work permit for religious institution (s) or the renewal of a valid work permit for 1 year.

[For Official Used Only]

| TYPE OF PERMIT (TICK ONE ONLY) | ✓ |
|---|---|
| I. Exemption | |
| II. Temporary | |
| III. Valid Permit For 1 Year | |
| IV. Renewal of Valid Work Permit for 1 Year | |
| V. Work Permit For Religious Institution (s) | |
| VI. Change of Employer | |
| VII. Change of occupation (employment Status) | |
| VIII. Replacement Work Permit | |

CHECK REQUIREMENTS FOR SHORT TERM WORK PERMIT:

| EXEMPTION WORK PERMIT | TEMPORARY WORK PERMIT |
|---|--|
| Date Accepted: | Date Accepted: |
| Officer Accepting: | Officer Accepting: |
| Work Permit Tax Paid: YES / NO | Work Permit Tax Paid: YES / NO |
| Cash: | Cash: |
| Cheque No: | Cheque No: |
| 1 Passport Size Photo Provided: YES / NO | 1 Passport Size Photo Provided: YES / NO |
| Cover Letter Explanation Provided: YES / NO | Cover Letter Explanation Provided: YES / NO |
| Copy of Flight Itinerary Provided: YES / NO | Copy of Flight Itinerary Provided: YES / NO |
| Copy of Passport Provided: YES / NO | Copy of Passport Provided: YES / NO |
| Status of Visa (Business Visa): YES / NO | Status of Visa (Business Visa): YES / NO |
| Copy of Residency Permit for Residents : YES / NO | Copy of Residency Permit for Residents: YES / NO |

CHECK REQUIREMENTS FOR LONG TERM WORK PERMIT:

| PERMANENT WORK PERMIT | RELIGIOUS INSTITUTION WORK PERMIT |
|---|---|
| Date Accepted: | Date Accepted: |
| Officer Accepting: | Officer Accepting: |
| Application Fee Paid: YES / NO | Application Fee Paid: YES / NO |
| Work Permit Tax Paid: YES / NO | Work Permit Tax Paid: YES / NO |
| Cash: | Cash: |
| Cheque No: | Cheque No: |
| Cover Letter Explanation Provided: YES / NO | Cover Letter Explanation Provided: YES / NO |
| Work Permit Card Attached for Renewal: YES / NO | Work Permit Card Attached for Renewal: YES / NO |
| Position Advertised: YES / NO | 2 Passport Size Photo Provided: YES / NO |
| 2 Passport Size Photo Provided: YES / NO | Qualifications and References Copies: YES / NO |
| Qualifications and References Copies: YES / NO | Letter of Certification: YES / NO |
| Copies of Written Contract Provided: YES / NO | Copy of Residence Permit Provided: YES / NO |
| Letter of a Job Description | Copy of Passport Provided: YES / NO |
| Identification of a Local Counterpart: YES / NO | |
| Counterpart's Training Plan Provided: YES / No | |
| Local Counterpart's National Card / VNPF Card / or Copy of Passport: YES / NO | |
| Copies of all applicants applying for the Position: YES / NO | |
| Interview Report Provided: YES / NO | |
| Copy of Residence Permit Provided: YES / NO | |
| Copy of Passport Provided: YES / NO | |
| Copy of Police Clearance: YES / NO | |

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TO BE FILLED OUT BY APPLICANT or AGENT

INCOMPLETE FORMS WILL NOT BE CONSIDERED

APPLICANT DETAILS

| | |
|---|-------------|
| Surname: | First Name: |
| Nationality: | |
| Telephone No: | |
| Email Address: | |
| Postal Address: | |
| Residency Status: Expatriate Residence / Oversea Resident | |
| Country of Residence: | |
| Marital Status: MARRIED / SINGLE / DE FACTOS | |
| Religion: | |
| If Expatriate Resident: | |
| • Provide Resident Permit No: _____ | |
| • Date of Issued: _____ | |
| • Date Expired: _____ | |
| If Overseas Resident: | |
| • Police Clearance Provided: YES / NO | |
| Proposed occupation: | |

EMPLOYER DETAILS

| |
|---|
| Legally Registered Name (in full): |
| Trading Name (if Used): |
| Type of Business: |
| Postal Address: |
| |
| |
| Email address: |
| Telephone No : |
| Fax No: |
| Total Number of Work Permit Holder: |
| Registration Papers or Articles of Association Provided: YES / NO |
| Bankers Reference Provided: YES / NO |
| Reference from a Vanuatu Professional Body Provided : |
| • (Lawyer, Accountant, VIPA): YES / NO |

LIST OF COMPANY OWNER

| NAME | SHARES HELD | POSTAL ADDRESS |
|------|-------------|----------------|
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AGENT DETAILS (If an agent is being used)

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| Legally Registered Name (in Full): |
| Trading Name (if Used): |
| Postal Address: |
| Email Address: |
| Telephone No: |
| Fax N ^o : |

DETAILS OF WORK PERMIT (if applicant currently hold an existing work permit)

| |
|---|
| Type of Work Permit: Exemption / Temporary / One Year Permit |
| Date Work Permit Issued: / / Date Work Permit Expires: / / Work Permit N ^o : |
| Date Work Permit Issued: / / Date Residency Expire: / / Residency Permit N ^o : |
| How many Extensions: Renewals have been Issued: |
| Has a Local Counterpart been identified for training of this Post: YES / NO |
| If Yes, Please Specify details of training below: |
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I / We hereby apply to seek the granting of a work permit to:
 Mr/Miss/Mrs.....

STATEMENTS

APPLICANT:

I(Name/Position).....
declare that the above information is true to the best of my knowledge. I Fully understand and agree that if I provide wrong or false information, this may lead to refusal and revocation of my work permit by the commissioner of labour.

Signature:.....Date:.....

Witness Signature and Initial:.....

AGENT:

I(Name/Position).....
declare that the above information is true to best of my knowledge. I Fully understand and agree that if I provide wrong or false information, this may lead to refusal and revocation of my work permit by the commissioner of labour.

Signature:.....Date:.....

Witness Signature and Initial:.....

[OFFICIAL USE ONLY]

CHECKLIST OF OTHER APPROVALS RELATING TO THIS APPLICATION

| DEPARTMENT | DATE RECEIVED | DATE COMPLETE | REMARKS |
|---------------------|----------------------|----------------------|----------------|
| Work Permit Officer | | | |
| M & T Officer | | | |
| SLO – M & T | | | |

THIS PART IS RESERVED ONLY FOR THE COMMISSIONER OF LABOUR

Application APPROVED / REFUSED on (Date):.....

Comments:

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Signature: _____

Murielle MELTENOVEN
Commission of Labour
& Director of Employment Services