

REPUBLIQUE DE VANUATU

SERVICE DU TRAVAIL

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PORT-VILA
Téléphone: (678) 22610
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REPUBLIC OF VANUATU

DEPARTMENT OF LABOUR

Private Mail Bag 9022
PORT-VILA
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DOL CHECK LIST FORM

DETAILS ABOUT THE WORK PERMIT (FEE AND TAX):

Work Permit Exemption (Short Term)	Temporary Work Permit (Short Term)
<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.	<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
Permanent Work Permit (Long Term)	Work Permit For Religious Institution (Long Term)
<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	<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.

	TYPE OF PERMIT (TICK ONE ONLY)	✓
[For Official Used 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	
Qualifications & References of the Local Counterpart: YES / NO	
Local Counterpart's National ID Photo: 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	

TO BE FILLED OUT BY APPLICANT or AGENT

INCOMPLETE FORMS WILL NOT BE CONSIDERED

APPLICANT DETAILS

Surname:	First Name:
Nationality:	
Postal Address:	
Telephone No:	
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 DETAIL

Legally Registered Name (in full):	
Trading Name (if Used):	
Type of Business:	
Postal Address:	
Telephone N°:	Fax N°:
Email address:	
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	
Paid up Capital: VT	

LIST OF COMPANY OWNER

NAME	SHARES HELD	POSTAL ADDRESS

LIST OF COMPANY OWNER

NAME	SHARES HELD	POSTAL ADDRESS

AGENT DETAILS (If an agent is being used)

Legally Registered Name (in Full):	
Trading Name (if Used):	
Postal Address:	
Telephone N°:	Fax N°:

**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°:
Date Work Permit Issued: / / Date Residency Expire: / / Residency Permit N°:
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:

I / We hereby apply to seek the granting of a work permit to:
Mr/Miss/Mrs.....

STATEMENTS

APPLICANT:

I.....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.....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:

.....
.....
.....
.....
.....

Signature: _____

Murielle MELTENOVEN
Commission of Labour
& Director of Employment Services