



DOL CHECK LIST FORM

Work Permit Fee and Tax

[20 000 VT – Application Fee]

[10 000 VT – Exemption (Application Fee only) – One Day to One Month Permit – Not Renewable]

[10,000 VT – Religious Institution]

[40 000 VT – Temporary Work Permit (Application Fee Included) – One Month to Four Months Permit – Not Renewable]

[330 000 VT – Valid Permit for 1 Year]

[330 000 VT – Renewal of Valid Permit for 1 Year]

NOTE FEES ARE NOT REFUNDABLE & TAX IS NOT REFUNDABLE IF APPLICATION IS REFUSED

CHECK LIST ON WORK PERMIT APPLICATION(S)

For the issue of new applications being for exemption, temporary and valid permit for 1 year or the renewal of a valid work permit for 1 year.

[Official Use Only]

TYPE OF PERMIT (Tick One Only)	√
<i>I. Exemption</i>	
<i>II. Temporary</i>	
<i>III. Valid Permit For 1 Year</i>	
<i>IV. Renewal of Valid Permit for 1 Year</i>	
<i>V. Change of Employer</i>	
<i>VI. Change of Employment Status</i>	
<i>VII. Replacement Permit</i>	

EXEMPTION
Date Accepted:
Officer Accepting:
Work Permit Fee Paid: YES/NO
Cash:
Cheque No:
Cover Letter Explanation Provided: YES/NO
Copy of Flight Itinerary Provided: YES/NO
Copy of Passport Provided: YES/NO
Letter from PIO provided: YES/NO
Copy of Residence Permit for Residents: YES/NO

TEMPORARY
Date Accepted:
Officer Accepting:
Work Permit Tax Paid: YES/NO
Cash:
Cheque No.:
Cover Letter Explanation Provided: YES/NO
Copy of Flight Itinerary Provided: YES/NO
Copy of Passport Provided: YES/NO
Letter from PIO Provided: YES/NO

PERMANENT
Date Accepted:
Officer Accepting:
Application Fee Paid: YES/NO
Work Permit Tax Paid: YES/NO
Cash:
Cheque No.:
Cover Letter Explanation Provided: YES/NO
Work Permit Card Attached for Renewal: YES/NO
Position Advertised: YES/NO
2 Passport Size Photo Provided: YES/NO
Qualifications and References Copies Provided: YES/NO
Copies of Written Contract Provided: YES/NO
Letter of Job Description
Identification of a local counterpart YES/NO
Counterpart's Training Plan Provided YES/NO
Interview Report Provided: YES/NO
Copy of Residence Permit Provided: YES/NO
Copy of Passport Provided: YES/NO

Copy of Residence Permit for Residents:
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 / Overseas Resident	
If Expatriate Resident, Provide Resident Permit No:	Date Issued: Date Expired:
If Overseas Resident: - Police Clearance Provided: YES/NO	
If Overseas Resident: - Last Employment Record and References Provided: YES/NO	

EMPLOYER DETAIL

Legally Registered Name (in full):
Trading Name (if used):
Type of Business:
Postal Address:
Telephone No: Fax No:
Registration Papers or Articles of Association Provided: YES/NO
Bankers Reference Provided: YES/NO
Reference from a Vanuatu Professional Body (Lawyer, Accountant, VIPA) Provided: YES/NO
Paid up Capital: VT

LIST OF COMPANY OWNERS

NAME	SHARES HELD	POSTAL ADDRESS

LIST OF COMPANY DIRECTORS

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 No:	Fax No:
Name of Person Processing Application: Mr. Mrs. Miss	

DETAILS OF WORK PERMIT
If applicant currently holds an existing work permit

Type of Work Permit: Exemption / Temporary / One Year Permit
Date Work Permit Issued: / / / Date Work Permit Expires: / / Residency Permit No:
Date Residency Permit Issued: / / Date Residency Expires / / Residency Permit No.:
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.

Signature: Date:

Witness Signature and Initials:

AGENT

I, declare that the above information is true to the best of my knowledge.

Signature: Date:

Witness Signature and Initials:

[Official Use Only]

CHECKLIST OF OTHER APPROVALS RELATING TO THIS APPLICATION

DEPARTMENT	DATE RECEIVED	DATE COMPLETED	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
Commissioner of Labour