

Name of current employer: Principal place of business:
Principal place of business:
Name of non-citizen:
Work Permit No:
Name(s) of dependents (if any):
Place of origin/repatriation:
Reason for Termination/Separation: Dismissed Resigned Completion of contract Internal Transfer to Another Position Death
Date of Repatriation:
Evidence of Repatriation: Boarding Pass Airline Tickets
Return of Work Permit Card
Work Permit Card Attached Note: a person who fails to return a work permit card commits an offence and is liable to a fine not exceeding K1000. I certify that the information contained within this Statement is true and correct:
(Print name)
(Signature)
(Designation)
(Date)

NOTE

This Statement must be directed to the Secretary, Department of Labour and Industrial Relations, P.O. Box 5644, Boroko N.C.D. or by fax on (675) 325 6655 as soon as practicable after the termination of the non-citizen's contract of employment.