



MINISTRY OF LABOUR & INDUSTRIAL RELATIONS & EMPLOYMENT (EMPLOYMENT DIVISION)

# 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 :

3. Nationality : .....

Nationality Code

4.1 Place of birth :

4.2 Date of birth :

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

5. Sex : Male :  Female :

6. Marital status : Single  Married  Divorced

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"/> <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

12. Particulars of persons intending to accompany applicant:

Name	Date of Birth (DD-MM-YY)	Relationship	Occupation

Occupation Code

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

14. Economics/industrial activity of employer.....  
 .....

Industrial Code

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..... nationality 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 in a dormitory for which a Lodging and Accommodation Permit has been issued;
  - (iii) He/She will be provided with an air ticket to return to his/her home country on the termination of the contract of employment or for any cause whatsoever.
3. A sum of Rs ..... as processing fees is enclosed.
4. 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 :

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2. Previous Work Permit :

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 700/- as processing fee.

.....  
*Signature of Authorised Officer*

Name.....

Date.....

Designation.....