



Department of
Labour and
Industrial Relations

Employment of Non-citizens Act 2007

Statement of Arrangement *for*

REPATRIATION AND CANCELLATION OF WORK PERMIT

Name of employer:

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

Transferred to Another Position

Death

Other

Date of Repatriation:

Evidence of Repatriation:

Travel Itinerary

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)

(Title)

(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.