



Employment of Non-citizens Act 2007

Form 4

# Statement of Arrangement *for* CANCELLATION AND REPATRIATION OF WORK PERMIT

## To be completed by Current Employer.

Name of current 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  
 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)

COMPANY  
STAMP

## 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.