



REPUBLIC OF MAURITIUS

MINISTRY OF LABOUR, HUMAN RESOURCE DEVELOPMENT AND TRAINING

APPLICATION FOR WORK PERMIT

Type of application – Work Permit New Renewal

PART I – DETAILS OF NON-CITIZEN IN RESPECT OF WHOM APPLICATION IS BEING MADE

Title Mr. Ms. Mrs.

Full name (as per passport)

Surname

First name(s)

Maiden name (*where applicable*)

Gender Male Female

Telephone no.

Fax / email

Nationality

Marital status Married Single Other

Date of birth

Place of birth

Country

Passport no.

Date of issue

Date of expiry

Country of issue

Previous passport no. (*where applicable*)

Date of issue

Date of expiry

Country of issue

Reference no. for provisional health clearance

Permanent address in country of residence

Address of intended place of residence in Mauritius

Telephone no. of place of residence in Mauritius

Lodging accommodation permit no. (if applicable)

No. of lodgers

Date of issue

Date of expiry

Professional/academic qualifications

(Copy in English or French version to be scanned and attached)

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Particulars of accompanying dependents (if any)

	Full name <i>(surname in block letters)</i>	Date of birth <i>(dd-mm-yyyy)</i>	Relationship	Gender	Passport number	Nationality
1.						
2.						
3.						

PART II – DETAILS OF PROFESSION/OCCUPATION IN WHICH NON-CITIZEN WILL BE ENGAGED IN MAURITIUS

Profession/occupation (job title) of non-citizen in Mauritius

Duration of intended employment

Months Years Other (term, season, etc.)

Intended place of employment

District

Basic monthly salary (in rupees)

Less than and up to Rs 30,000 More than Rs 30,000

Date of arrival/intended arrival in Mauritius (in relation to present application)

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No. of years of working experience in relation to profession/occupation applied for

Months Years

Details of experience claimed (copy of relevant documents in English or French version to be scanned and attached)

	Employer	Profession/ occupation	From (mm- yy)	To (mm- yy)	Country
1.					
2.					
3.					
4.					

PART III – EMPLOYER DETAILS

Name of employer.....

Address of employer.....

Telephone no.....

Fax

Mobile

Email address.....

Economic/industrial activity as in business registration card

Business Registration Number

Date of incorporation/ registration

Trade licence no. (where applicable)

No. of local workers registered with the National Pensions Fund

No. of foreign workers in employment

PART IV – RECRUITMENT AGENCY DETAILS

Recruitment has been effected through – local recruitment agency foreign recruitment agency

Recruitment by company

Particulars of local recruitment agency (where applicable)

Name

Address

Contact person

Telephone no.

Email address

Validity of recruitment licence

From To

Particulars of foreign recruitment agency (where applicable)

Name

Address

Contact person

Telephone no.

Email address

Licence no.

Validity of recruitment licence

From To

PART V – UPLOAD DOCUMENTS

(Please refer to the guidelines for submission of the relevant documents)

PART VI – DECLARATION

The employer undertakes that, in respect of the employment of the non-citizen –

- (a) the wages and conditions of employment of the non-citizen shall not be less favourable than those prescribed under the laws of Mauritius;
- (b) the non-citizen shall be accommodated in accordance with the Occupational Safety and Health Act and the Occupational Safety and Health (Employees Lodging Accommodation) Regulations 2011, and any other applicable legislation;
- (c) necessary arrangements shall be made for the non-citizen to leave Mauritius on the expiry or cancellation of his work permit or for any cause whatsoever;
- (d) the non-citizen shall be provided with
 - (i) an air ticket to Mauritius; and
 - (ii) an air ticket and relevant expenses associated with his repatriation to his home country on the expiry or cancellation of the work permit or for any cause whatsoever, unless it is evidenced that there has been a breach of contract of employment on the part of the non-citizen..

I hereby declare that all the information in this application and the documents submitted are correct, true and complete. I understand that I shall commit an offence if I knowingly give any false information.

All information supplied in this application and any other information which may be provided at a later stage may be shared by and with Government departments or other relevant authorities for the processing of this application subject to the provisions of the Data Protection Act and any other applicable legislation.

Agree

Disagree

Date

Name of employer

Authorised representative

Designation

NIC no.

Contact details
