



Certificate Of Earnings Application FOR WORK PERMIT RENEWAL

Processing Fee

\$20

Fill in this form in **CAPITAL LETTERS**. Please write only within the white boxes. Your application may be delayed if you make a mistake, if you do not enclose the fee, or if identification does not match our records. Applications are processed within 20 working days.

SECTION 1 Who is this certificate for?

Cross (X) box for the relevant title or write your title.

Mr Mrs Miss Ms Dr

Surname

First Name

Middle Name

Note:
Ensure your name matches your identification

Current Address

Social Security Number

Email Address

Mobile Phone Number

SECTION 2 Who is your employer? Note the name of your employer for the past two (2) years. If you require additional space, note them at the back of the form.

Employer Name

Start Date
(DD MM YYYY)

Termination Date
(DD | MM | YYYY)

Employer Name

Start Date
(DD MM YYYY)

Termination Date
(DD | MM | YYYY)

SECTION 3 Signature. Before signing, please ensure all sections are filled out correctly.

Date (DD | MM | YYYY)

Signature

OFFICE USE ONLY

Identification

DL WP PP NHI BC

Identifications Number

Stamp Here:

Payment Type

Chq Cash Cr|Dr

Amount Paid

Receipt Number

Period

Period

-

Prepared by:

Prepared date: