MINISTRY OF HOME AFFAIRS

AFFIDAVIT IN SUPPORT FOR WORK PERMIT/ EXTENSION OF STAY FOR NON-NATIONAL TO WORK IN GUYANA.

I, ___________________________of ______________________________

Being duly sworn make oath and say that the particulars hereinafter set out in support of application for Work Permit are true and correct and I rely upon same for purpose of this application.

Signature of Applicant:                                                      Date: ___________________________/

Witness:- (i) ___________________________

                                          (ii) ___________________________
**WORK PERMIT APPLICATION FORM**

**Section A: Particulars of Applicant / Employer:**

<table>
<thead>
<tr>
<th>Complete form in BLOCK letters</th>
<th>Attach one(1) Passport Size Photo here:</th>
</tr>
</thead>
</table>

If area is inapplicable, please place N.A
(Form to be prepared in triplicate)

1. Name of Employer: _____________________________

2. Name of Company: _____________________________

3. Address of Company: ___________________________

4. Telephone No.: _____________________________

5. Date registered: YYYY/MM/DD

6. Company registration no.: ___________________________

7. Name, Nationality & Address of Directors:

   (i) __________________________________________

   (ii) __________________________________________

   (iii) __________________________________________

   (iv) __________________________________________

8. Name & Address of Guyanese employed: (additional sheets of paper may be used)

   (i) __________________________________________

   (ii) __________________________________________

   (iii) __________________________________________

   (iv) __________________________________________
9. Name & Address of Non nationals employed: (additional sheets of paper may be used)
   (i) ______________________________________________________________
   (ii) ____________________________________________________________
   (iii) ____________________________________________________________
   (iv) ____________________________________________________________

10. Reason for employment of non-national as against Guyanese:
    __________________________________________________________________
    __________________________________________________________________
    __________________________________________________________________

11. That I have been informed and verily believe that should any of the aforesaid particulars prove to be false
    in material particular not only would the Work Permit, if already issued, be cancelled, but I am liable to be
    prosecuted in accordance with law.

    ___________________________    _____/_____/_______
    Signature of Applicant:        Date:

    Witness:- (i) ______________________
              (ii) ______________________

Section B:

12. Name of non-national (employee):

13. Date of Birth:  YYYY/MM/DD
14. Place of Birth:  
15. Nationality:  

16. Foreign Address:  

17. Local Address:  

18. Present / last place of employment:  

19. Passport no.:  
20. Place passport was issued:  
21. Date issued:  YYYY/MM/DD

22. Expiry date of passport:  
23. Place of arrival in Guyana:  
24. Date of arrival:  YYYY/MM/DD

25. Occupation:  
26. Position in Organization/ Company:  
27. Time granted to remain:  

28. Skill/ experience:  

29. Period of stay/ work permit needed for non-national:
30. Number of Work permit with same institution:

If previously granted Work Permit please state expiry date:

YYYY/MM/DD

I, __________________________ of __________________________

Being duly sworn make oath and say that the particulars aforesaid set out in support of application for Work Permit are true and correct and I rely upon same for purpose of this application.

________________________
Signature of Applicant

Witness: 1 __________________________

2 __________________________

Sworn at Georgetown
Demerara, Guyana on this ______ day of ______
Before me,

________________________
Commissioner of Oaths to Affidavits

FOR OFFICIAL USE:

(A). Comments of interviewing officer:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(B). Remarks by reviewing officer:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(C). Approval granted/ not granted: (D). Date work permit issued:
### Additional information on Dependents Accompanying Applicant

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
<th>Nationality:</th>
<th>Passport No.:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>