



MINISTRY OF IMMIGRATION

Terms and Conditions: - WORK PERMIT

1. The holder shall not behave in any manner prejudicial to the peace, defense, public morality, public health, security or good government of the Fiji Islands.
2. If the employer of the employee wishes to terminate the contracts before the expiry of the permit, notice must be given to the Permanent Secretary immediately after the decision to terminate the contract.
3. If the holder of this permit ceases for any reason to be employed by the employer named in this permit, the permit shall be deemed to have expired from the date of cessation.
4. Employers recruiting workers with special skills should with this application submit the details of the personnel who will be understudying the permit holder, along with the training program.
5. If any conditions stated herein is breached by the holder of this permit, the Permanent Secretary will immediately render the permit null and void.
6. Employers must bear the cost of repatriation and repatriate the employee to his country of citizenship or residence.
7. Whilst awaiting repatriation as in clause (6) above, the employer must provide accommodation, meals and other incidentals until repatriation is executed.
8. Repatriation as stated in clause (6) herein should be carried out within 21 working days.
9. Should the employer delay or fail in carrying out clause (6) and (7) herein the employer will deem to have committed an offence against the Immigration Act 2003 and will be subjected to pay a fine of \$20,000.00.
10. The same will apply to any other permit holder who breaches a condition stated herein.
11. **Signatures below is to be witnessed by a Commissioner of Oaths, Notary Public or Justice of Peace and must be witnessed and signed on the same day.**
12. This document is to be filled in manually and is not to be altered or amended electronically, if this is done, the application will be refused.

I/WE the undersigned have read and fully understood the terms and conditions of the permit stated above and agree to abide by them.

Employer: Witness Name:

Signature: Designation:

Date: Date:

Stamp/Seal:

Employee: Witness Name:

Signature: Designation:

Date: Date:

Stamp/Seal: