



DECLARATION OF COMPLIANCE/UNDERTAKING FOR INDIVIDUALS

(PLEASE TYPE or WRITE IN CAPITAL LETTERS IN BLUE OR BLACK INK)

I, undersigned Mr. /Ms. / (first name) (middle name)
(last name) bearing passport/voter card number.....
from (country)..... do solemnly swear and sincerely declare that I have
obtained prior approval to work in Bhutan from Department of Labour vide approval
no..... dated (dd/mm/yy).....
issued against (employer/agency name)

Towards this end, I hereby solemnly affirm and declare the following:

- i) All documents submitted by me for the purpose of obtaining work permit are genuine.
- ii) That I shall abide by all the relevant laws, rules and regulations of the Kingdom of Bhutan.
- iii) That I shall stay in the designated area and engage only in activity specified in the work permit.
- iv) That I shall respect local norms and customs, and not engage in any act against the Tsa-Wa-Sum.
- v) That I shall carry valid work permit at all times and produce it on demand to immigration authorities.
- vi) That I shall have no objection if the Department of Immigration revoke my work permit at any point in time.
- vii) That I shall not apply for residency or immigration card while inside the country with valid work permit.
- viii) That I shall be required to leave the Kingdom for six months cooling period upon completion of three years stay in the Kingdom, as applicable.
- ix) That I shall not be eligible to change employer/category unless I quit my current job and remain outside the Kingdom for at least fifteen days.
- x) That I have signed and submitted this Declaration of Compliance to the Department of Immigration on my own free will and with the full knowledge and understanding that I will be liable for prosecution by a court of law and/or any penalties/fines under Immigration Act of the Kingdom of Bhutan and any other laws, rules and regulations as may be applicable, for submission of any false, fabricated or misleading information or documents for purposes of obtaining an Student Permit for the particular student.

Witness

Signature.....

Signature of applicant with legal stamp

Name:

Contact No.....

ID No.

Date:

Address:

Contact No.