

DECLARATION OF COMPLIANCE/UNDERTAKING FOR EMPLOYER

		the employer/a							
		Mr./Ms./							
name)	(last	name)	1141110).	hea	nring	nas	sport/vo	ter card
numb)	from (0	country)		is 1	heing	employ	ed as	(designation)
manne		based on	approval	from Den	artment	of I	abour	vide	approval no
		dat							
		applicable)							
	rtment of Immi	. . /		ua		11111 <i>/</i> yy)		ap	proved by the
Towa	urds this end, I h	nereby solemnly	affirm and	declare the	following	g:			
i)	All documents	submitted by u	s for the put	pose of obta	aining wo	ork peri	nit are g	genuine.	
ii)	That we are fully responsible for overseeing the conduct of the foreign worker during his or her stay in the Kingdom.								
iii)			the relevant	laws rules	and regul	lations	of the K	ingdom	of Bhutan
iv)	That he/she shall abide by all the relevant laws, rules and regulations of the Kingdom of Bhutan. That he/she shall stay in the designated area and engage only in activity specified in the work permit.								
v)									
v)	Sum.								
vi)	That he/she shall carry valid work permit at all times and produce it on demand to immigration								
,	authorities.								
vii)	That we will have no objection if the Department of Immigration revoke his/her work permit at any point in time.								
viii)	That he/she shall be required to leave the Kingdom for six months cooling period upon completion								
of three years stay in the Kingdom, as applicable.									
ix)	ix) That he/she will not be eligible to change employer/category unless he/she quits current job and remain outside the Kingdom for at least fifteen days.								
x)	That this Declaration of Compliance is submitted to the Department of Immigration on our own free will and with the full knowledge and understanding that we 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 Work Permit.								
	Witness Signa	ture			Signatu	ure of E	Employe	r with le	egal stamp
	Name:				Contac	ct No	•••••		
	ID No				Date:.				

Contact No.

Address: