



ཕྱི་མི་ནང་སྤྱོད་ལས་ཁུངས།
ནང་ཁྱིད་ལྷན་ཁག།
DEPARTMENT OF IMMIGRATION
MINISTRY OF HOME AFFAIRS
ROYAL GOVERNMENT OF BHUTAN

Form
DOCDD2025

DECLARATION OF COMPLIANCE (DEPENDENT PERMIT)

Important information – Before starting the application, please read this information and refer the Department of Immigration (DoI) website at doi.gov.bt.

After completing the application, we highly recommend that a copy of this is retained for record purposes.

How to apply online

1. Visit immigration system at immi.gov.bt. If you are a first-time user, you need to register.
2. Ensure you have a valid email address.
3. Please ensure the following documents are ready:
 - a) Approval from the relevant agency.
 - b) Form DOCDD2025.
4. Submit dependent permit application through immi.gov.bt. Please select the relevant immigration office as per the location of the principal permit holder.

Notification

After submission, the assessment outcome including actions required will be communicated through the registered email.

Payment of fees

The payment can be made online using the link shared through the registered email.

Further Information

For further information related to dependent permit, refer Immigration Rules and Regulations of the Kingdom of Bhutan at doi.gov.bt.

Contact details

The contact details of Immigration Offices are available on DoI website at doi.gov.bt.

General conditions of compliance

By signing this form, you acknowledge that you have read and understood the terms and conditions outlined herein and voluntarily agree to ensure compliance with the following terms and conditions:

- (i) Complete dependent permit formalities as per immigration rules.
- (ii) Comply with immigration formalities during entry, stay and travel within the country, and during exit.
- (iii) Ensure compliance with general health screening including drug tests, as may be applicable.
- (iv) Ensure that the dependents do not engage in any form of marriage or apply to marry a Bhutanese citizen or a permanent resident.
- (v) Ensure that the dependents do not operate or apply for operation of business in the country.
- (vi) Renew the dependent permit at-least 14 days before the expiry of the permit. Failure to renew the dependent permit on time is regarded as an overstay and could lead to fines and penalties including deportation and denial of entry, or prosecutions, as may be applicable.

Application details

- (i) Total number of dependents:
- (ii) Duly completed form DOCDD2025 for all dependents

Signature of principal permit holder

Name:

ID No.:

Contact No.:

Chhophel Lam, Thimphu, Bhutan.

www.doi.gov.bt

www.immi.gov.bt

☎ Visa Division: +975-2- 321078 ☎ Service Division: +975-2-330879 ☎ Inspection and Training Division: +975-2- 337104



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Form
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DECLARATION OF COMPLIANCE (DEPENDENT PERMIT)

1. Applicant Information (Dependent)	
Name:	
Sex:	D.o.B:
Nationality:	ID No.:
Address in Bhutan	
Name of principal permit holder:	
Location:	
2. General conditions of compliance By signing this form, I acknowledge that I have read and understood the terms and conditions outlined herein and voluntarily agree to ensure compliance with the following terms and conditions: (i) Complete dependent permit formalities as per immigration rules. (ii) Comply with immigration formalities during entry, stay and travel within the country, and during exit. (iii) Comply with general health screening including drug tests, as may be applicable. (iv) Not engage in any form of marriage or apply to marry a Bhutanese citizen or a permanent resident. (v) Not operate or apply for operation of business in the country. (vi) Renew the dependent permit at-least 14 days before the expiry of the permit. Failure to renew the dependent permit on time is regarded as an overstay and could lead to fines and penalties including deportation and denial of entry, or prosecutions, as may be applicable.	
3. Declaration (i) Information declared above is true, accurate and complete to the best of my knowledge. (ii) Documents submitted are authentic.	
4. Consent I give consent to the Department of Immigration to use my personal data for the following purposes: (i) Assessing my application. (ii) The legitimate interest of DoI. (iii) Enforcing contractual and legal obligations. (iv) Executing tasks of public interest or for my own vital interest.	
Signature of the applicant (Dependent) Contact No.:	Signature of witness Name: ID No.: Contact No.:

*Open the document in Adobe Acrobat Reader to add your eSignature.