



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

FORM
CIP2025

UNDERTAKING FORM FOR CANCELLATION OF IMMIGRATION PERMIT

Important Information: Kindly read the information provided before signing the undertaking. We recommend that you retain a copy of the undertaking for record.

Please submit additional information/documents if requested.

Who should use this undertaking form?

Employer/institute/persons etc. seeking to cancel an immigration permit.

Please visit Department of Immigration's (DoI) website at <https://www.doi.gov.bt> for more information and for our contact details.

General Conditions of compliance:

By signing this undertaking, you acknowledge that you have read, understood and voluntarily agree to ensure compliance to the terms and conditions contained in this document:

1. You confirm that the foreigner whose immigration permit, you are requesting to cancel has left the Kingdom.

2. You understand that you shall be liable for fines and penalty as per immigration law, rules and regulations if the foreigner is found to be in the Kingdom of Bhutan with the cancelled immigration permit.

How to apply online?

1. Visit Bhutan immigration service portal at <https://immi.gov.bt>. If you are a first-time user, you need to register(create an account).

2. Ensure you have a valid email address.

3. Submit the undertaking, CIP2025, through the registered user account at <https://immi.gov.bt>

Notification: All notifications related to your application including further actions, if required, will be communicated through the registered email.

(PLEASE TYPE or WRITE IN BLOCK LETTERS EITHER IN BLACK or BLUE INK)

I, the undersigned employer <input type="checkbox"/> /Bhutanese spouse <input type="checkbox"/> /parent <input type="checkbox"/> /educational institution head <input type="checkbox"/> (tick as appropriate) of the foreigner(s) (list attached) would like to request the DoI, to cancel the immigration permit of the foreigner(s) approved against the undersigned.	
(Signature)	(Witness's Signature)
Name:	Name:
Organization:	Organization:
Location:	Location:
Date:	Date:
Contact 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 & Training Division: +975-2- 337104