


Office Use Only	Reference No:	Date received	DD MM YYYY	Received by:
 Turks and Caicos Islands	APPLICATION FOR EXTENSION TEMPORARY WORK PERMIT <i>Effective April 1, 2016 (Regulation 54)</i>			
Name of Employer				
Name of Employee				
Payment Voucher No.				
Temporary Work Permit No.				
Date of Issue				
Reason Extension is needed				
This section below is for OFFICIAL USE ONLY. Please complete declaration sections on the next page.				
Decision	<input type="checkbox"/> Extension Approved <input type="checkbox"/> Extension Not Approved			
Decision taken by	Name:			
	Position:			
	Signature:			
	Date: DD MM YYYY			

DECLARATIONS

Declaration by Employer (Company/Firm/Individual):

I hereby declare that I am authorized to bind the Employer for the foreign worker named in **in this application** to the following:

I have read and I understand the applicable regulatory conditions of the grant of a Work permit, as specified in the Immigration Ordinance 2015.

The Employer consents, for the purpose of assessing this application, for the Government of the Turks and Caicos Islands and any statutory authorities thereof to obtain from and verify information with any person, organization, or any other source; and further, to the release of all information thereby obtained to the Government of Turks and Caicos Islands, Statutory Authorities and authorized agents thereof.

The information as set out are, to the best of my knowledge, true and correct; and that all documents submitted in support of this application are true and authentic copies of the original document.

I understand that it is an offence to provide false or misleading information under Section 97 of the Immigration Ordinance 2015 and that if found guilty, I am liable on summary conviction to a fine of \$20,000 or a term of imprisonment of four years, or to both.

Name and Designation of Authorized Representative

Date: DD MM YYYY

Declaration by an Agency:

(Applicable if the Employer engage the services of an Agency/Agent)

I hereby declare that I am authorized to bind the Employer for the Foreign Worker named in **named in this application** to the following:

I, the undersigned, am the Agency personnel handling this application.

I have explained the contents of the application and the applicable regulatory conditions of the grant of a Work permit, as specified in the Immigration Ordinance 2015 to the Foreign Employee and the Authorized Officer of the Employer.

The information as set out in this application are, to the best of my knowledge, true and correct; and that all documents submitted in support of this application are true and authentic copies of the original document.

I understand that it is an offence to provide false or misleading information under Section 97 of the Immigration Ordinance 2015 and that if found guilty, I am liable on summary conviction to a fine of \$20,000 or a term of imprisonment of four years, or to both.

Name, Signature and Designation of Authorized Agency Personnel

Date: DD MM YYYY

Authorized Agency Personnel Contact Details