Work Permit Department

Profession Amendment Form



Application No.						Date	/ /
Establishment Main Data							
Establishment Name Establishment Registrat					ion Number		
Establishment phone			Fax			Mobile	
Email						P.O.Box	
Name of the worker whose profession is to be amended							
ID Card No.		Employment Sta	art Date	/	/	Nationality	
Salary according to the previous contract Salary according to the r						new contract	
Amendment is required from profession of to the					profession of		
Reasons for Amendment							
Signature of the Establishment's owner or authorized signatory Establishment Seal							
Acknowledgment Representative Sponsor Applicant							
I, the applicant, certify that all the above data is correct, and I bear responsibility in the event that otherwise is proven.							
Applicant's Name Mobile							
ID Card No. Signature							
Work Permit Department Procedures							
Used Visas Unused Visas Total number of workers in the Establishment							
Section Head's opinion							Signature
Department Director's opinion							Signature

Required Documents

- 1. The application shall be printed.
- 2. A copy of QID of the authorized signatory.
- 3. A copy of QID card of the applicant.
- 4. Copies of education certificates certified by the official authorities in Arabic
- 5. A copy of Company's registration card
- 6- Applicant's previous employment contract.
- 7- Three original copies of the new employment contract signed by both parties with the original seal + signature of the authorized signatory in the establishment
- 8. A copy of a valid municipality license.
- 9. A copy of the commercial registration.
- 10. A copy of electricity bill.
- 11. Bank statement indicating his/her salary amount + statement of account for 6 months.