



GOVERNMENT OF BERMUDA
 Ministry of Home Affairs
 Department of Immigration

IMM No.

Letter of Permission

Date submitted: MM DD YY

Request for Letter of Permission is submitted by or on behalf of:

Name of Company _____ Charity No: _____
 (if applicable)

Total Fees Submitted:

Work Permit \$ _____ , Other Fee(s) \$ _____

Where application is submitted for an event, also complete Sections 1, 2, 3C and 5

NAME OF APPLICANT (as it appears on passport)

DATE OF BIRTH

MM DD YY

Mr. Mrs. Miss Ms. Dr. Other _____

FIRST

MIDDLE

LAST

NATIONALITY

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

LETTER OF PERMISSION APPLICATION TYPES: (tick as appropriate)

Applicant in possession of an expiring or expired Letter of Permission (attach copy)

Musician and Entertainer or other events

Emergency Application – This application meets the requirements of an emergency application (attach a letter of justification)

General Information for Employers and Employees

1. Employees are not immigrants to Bermuda, i.e. not a permanent resident of Bermuda and in the event of the termination of services for any reason, the worker must obtain permission to legally remain in Bermuda.
2. The grant of a work permit in no way implies any right to further work permits or to any other rights not specifically stated.
3. Applications to continue employment or to reside beyond the expiry date given will be considered on the merits of the application at that time.
4. Any Standard, Global or New Business Work Permit holder may seek alternative employment without obtaining permission of the Minister. Although there is no limitation on the number of job changes that a work permit holder may have, a work permit holder is not normally permitted to change employers during the first two years of employment with an initial employer. Work permit holders who have been employed in Bermuda for more than two years and who possess a valid work permit, may seek alternative employment but must not accept or engage in alternative employment in Bermuda without the permission of the Department of Immigration. [Exceptions may be made in circumstances where the applicant has been made redundant; where the applicant has lodged a complaint against their employer with the Department of Workforce Development (and it has been determined that the applicant has a bona fide grievance with the employer); upon making written request to the Minister to waive the two year requirement. This is subject to the Employment Act 2000 and employment contracts governing probationary periods.]
5. First time work permit holders who have been employed in Bermuda for less than two years and who wish to change employers must obtain permission from the Minister to continue to reside and seek alternative employment. First time work permit holders must not accept or engage in alternative employment until such permission has been granted.
6. Employees who do not possess a valid work permit, as a result of the expiration of a previous work permit and where a complete application has not been submitted, the employee must stop working unless specifically authorised by the Minister.
7. On termination of employment for whatever reason, the employer is required to advise the Department of Immigration of what arrangements the employee has made to leave, or remain in, Bermuda.
8. Employers and employees have certain obligations with respect to regulations governing the payment of Social Insurance contributions, employment tax and medical Insurance – non-compliance may affect the issuance of work permits. Note: Accounts over 90 days may require proof of a payment plan prior to the issuance of work permits.
9. Where applicable, an applicant must at all times, be mindful of and adhere to the conditions placed on his/her work permit. He/she must also take note of the 'General Information' listed on the back page of his/her work permit document. Also, where it is the responsibility of the employee to repatriate his/her dependants, he/she must honour this commitment and take immediate steps to ensure that when he/she departs Bermuda, his/her dependants will depart too.
10. The guarantee of repatriation by the employer is enshrined in law under the Bermuda Immigration and Protection Amendment (No. 2) Act 2013.
11. Where an agency submits applications on behalf of an employer or an employee, the accuracy of the form is the responsibility of the employer and the employee.
12. Penalties may be levied for breaches of the Work Permit Policies as per the Bermuda Immigration and Protection Amendment (No. 2) Act 2013.
13. For a complete review of Work Permit Policies, Work Permit Violations, Visa Policies and Work Permit Application Forms, go to: <http://www.immigration.gov.bm> (Ministry of Home Affairs)

SECTION

1

Employment Details

Employer (name to appear on Work Permit)

Mr. Mrs. Miss Ms. Dr. Other _____

Employer contact name

Address

Telephone Cellular Fax

E-mail

For correspondence regarding the Work Permit

Same as above Agent on behalf of above employer

Agency name

Mr. Mrs. Miss Ms. Dr. Other _____

Contact name

Address

Telephone Cellular Fax

E-mail

Requested start date

Requested end date

Requested length of Permit Total Days

Applicant name

Proposed job title or purpose

The Minister shall consult with the statutory body that regulates matters dealt with by that profession. Refer to the Work Permit Policy for the list of Statutory Councils.

Familial relationship between employer/applicant (if any) Yes No

If Yes, explain

Additional Information/Supplementary Sheet

- Company name, contact information, dated, and signed.
- Name (as it appears on passport), date of birth, nationality of applicant.
- Why supplementary additional information is being submitted; why application is urgent (as appropriate).
- Detail what efforts have been made to employ local resources (companies or staff) and why these local resources were not selected (this information is separate from Recruitment Disclosure Form information).

Fee *As appropriate

- Full payment of all related work permit and late fees must accompany application, payable to the Accountant General
- Cash and credit card payments; submit application with payment at the front counter
- Cheque or local bank draft payments; place application in the drop box.
- Applications with incorrect fees will not be processed; employers will be required to collect incomplete applications from collection desk.

Letter of Permission Application Form

- Completed **IN FULL** (indicate "N/A or None" for sections not applicable) and signed by applicant and employer/agent (where appropriate).
- Emergency application requests must include letter of justification.

Proof of Citizenship (Passport)

- Original certified copy of passport (front and data pages).
- Must be submitted for all sponsored dependants applicants.
- Personal details displayed on passport must be consistent in all submitted documents.
- Passports for visa controlled nationals cannot expire within 45 days of the expiration date of full work permit.
- Expiration date of passport may affect the expiration date of the work permit.

Proof of Multi-Entry Visa/Permanent Resident Card issued by USA, Canada or UK (only)

- Original certified copy of multi-entry visa or permanent resident card,
- Must be submitted for all sponsored dependants applicants
- Multi-entry visas for visa controlled nationals cannot expire within 45 days of the expiration date of full work permit
- Expiration date of multi-entry visa may affect the expiration date of the work permit

Payment of Government Taxes and Employee Benefits

- An employer will be required to certify that it is not delinquent by more than 90 days in meeting its statutory obligations in respect of payments of payroll tax, health insurance, social insurance and pension contributions **for all employees**. In the event that an employer is delinquent the employer shall provide documentation that they have made the required payments before the work permit is processed and/or provide proof of an agreed payment plan with the relevant Government departments.
- Proof of an agreed payment plan or proof that required payments have been made or Social Insurance, Pensions, Payroll Tax and Health Insurance Premiums.
- Proof of health Insurance coverage for sponsored dependants.

New Companies – Certificate of Incorporation and Company Profile

- Proof of company registration with Registrar of Companies and other Government agencies (where applicable).
- List of owners, nationality and role in company.
- List of employees, nationality and role in company.

SECTION

3

Disclosure and Declaration

To be completed by the applicant for residence or employment and employer/agent

A. DISCLOSURE

I understand that under the provisions of the Bermuda Immigration and Protection Act 1956, it is a criminal offence to make any statement which is false in a material particular and which I know to be false or I believe not to be true.

I understand that breach of the Bermuda Immigration and Protection Act 1956 may cause my work permit and permission to reside in Bermuda to be revoked. I understand that I and my dependants are not regarded as immigrants and that there is no guarantee of further employment or right of continued residence in Bermuda upon the termination or loss of employment at any time.

I certify that the statements made in this form, that apply to me, are correct. I understand that any changes in the information provided must be notified to the Department of Immigration in writing and that failure to do so may result in the revocation of my work permit or my permission to reside in Bermuda.

Applicant/Resident signature

Applicant/Resident name (print)

Date

B. DECLARATION

The following declaration needs to be read, understood and signed by all work permit applicants arriving in Bermuda on or after 1 August 1989. If you do not understand anything in the declaration, please ask for clarification before signing.

I am now informed and understand:

- when I am no longer eligible for a work permit I will not qualify to remain longer in Bermuda on the basis of my past residence as a work permit holder, *regardless of the length of that residence*;
- that the same applies to my dependants, wherever born, who do not have 'Bermudian status' or permanent residence (i.e., a Permanent Resident's Certificate);
- that as a work permit holder I am subject to restriction on the period for which I may remain in Bermuda and therefore there is no basis in law for me to be naturalised as a British overseas territories citizen;
- that a work permit is issued or renewed only when the employer can show, each time an application is made, that there is no local person¹ who is qualified, or who may be trained, to take the position in question;
- that Bermuda's laws aim to preserve Bermuda's land and other resources for those with Bermudian status or permanent residence and therefore must limit the number of persons obtaining such status or residence; and
- that children born in Bermuda to non-British parents whose immigration permission is subject to time restrictions are not BOTCs² by birth.

Applicant/Resident signature

Applicant/Resident name (print)

Date

¹Local person means a Bermudian, spouse of a Bermudian or a Permanent Resident Certificate holder

²BOTCs means British Overseas Territories Citizen

C. EMPLOYER DECLARATION

The following Declaration must be read, understood and signed by the employer (an agent cannot sign):

I understand that under the provisions of the Bermuda Immigration and Protection Act 1956, it is a criminal offence to make any statement which is false in a material particular and which I know to be false or I believe not to be true in respect of this application.

I understand that pursuant to the Bermuda Immigration and Protection Act 1956 it is the responsibility of the employer to repatriate work permit holders and their sponsored dependants.

I understand that work permit holders must only perform duties pursuant to the terms of their work permit, job description and statement and conditions of employment unless specific permission is given otherwise by the Minister responsible for Immigration.

I certify that:

The employer is not delinquent by more than 90 days in meeting its statutory obligations in respect of payments of payroll tax, health insurance, social insurance and pension contributions for all employees **whether they are on a work permit or not.**

OR

The employer is delinquent by more than 90 days in meeting its statutory obligations in respect of payments of payroll tax, health insurance, social insurance and pension contributions **for all employees whether they are on a work permit or not** and enclosed with this application is proof of an agreed payment plan with the relevant Government departments.

To the best of my knowledge and belief the applicant is of good character, possesses the qualifications purported in the application, is in good health and does not have a criminal record.

I have read and understand the Work Permit policies issued by the Department of Immigration.

I am duly authorised to sign this Declaration on behalf of the employer.

Print name

Position/Title

Signature

Date

MM DD YY

SECTION

4

Referral to Statutory Council Form

Bermuda Immigration and Protection Act, Section 60 (4) states:

The Minister, in considering any application for the grant, extension or variation of permission to engage in gainful occupation, shall, subject to any general directions which the Cabinet may from time to time give in respect of the consideration of such applications, take particularly into account – the character of the applicant and, where relevant, of his or her spouse; the existing and likely economic situation of Bermuda; the availability of the services of persons already resident in Bermuda and local companies; the desirability of giving preference to the spouses of persons possessing Bermudian status; the protection of local interests; and generally, the requirements of the community as a whole, and the Minister shall, in respect of any such application, consult with such public authorities as may, in the circumstances, be appropriate, and shall in particular, in the case of an application for permission to practise any profession in respect of which there is established any statutory body for regulating the matters dealt with by that profession, consult with that body.

Where required according to particular professions, employers must submit applications directly to the respective council concurrently with the submission of their application to the Department of Immigration.

To be completed by Employer (submit this form to the Statutory Council with referral application documents attached to the back)

Date:

Employer:

Applicant:

Position: Months Years

To be completed by Statutory Board or Council:

The Minister expects a response in writing from the respective statutory council within **10 working days** of receipt of the application from an employer failing which the Minister may not consider the submissions in coming to a decision. The Minister shall consider requests for extensions of time from statutory councils to review applications in extenuating circumstances.

Name of the statutory council: _____

Upon review and consideration of the work permit application the statutory council has the following response:

The statutory council has no objection to the above request.

If applicable, period of no objection: to

The statutory council has comments to make and understands that the Minister has final discretion over the final decision of the application in question, a supplementary sheet may be attached.

Comment: _____

Council member name (print): _____

Signature: _____ Comment Date:

STATUTORY BOARD OR COUNCIL, PLEASE FORWARD THIS FORM TO THE DEPARTMENT OF IMMIGRATION

SECTION

5

Event and Group Details

A. PARTICIPANTS AND SUPPORT STAFF

What category of work is being performed by those listed below?

Musicians/Entertainers

Photo Shoot/Magazine/Promotion

Workshops/Seminars

Media/Film Crews

Other _____

Are persons listed below members of a group? YES NO

If YES, Name of the group: _____

NAME (according to passport) **DATE OF BIRTH** **MM DD YY**

FIRST MIDLE LAST

STAGE NAME _____

Title _____ Nationality _____ Participant Support Staff

NAME (according to passport) **DATE OF BIRTH** **MM DD YY**

FIRST MIDLE LAST

STAGE NAME _____

Title _____ Nationality _____ Participant Support Staff

NAME (according to passport) **DATE OF BIRTH** **MM DD YY**

FIRST MIDLE LAST

STAGE NAME _____

Title _____ Nationality _____ Participant Support Staff

NAME (according to passport) **DATE OF BIRTH** **MM DD YY**

FIRST MIDLE LAST

STAGE NAME _____

Title _____ Nationality _____ Participant Support Staff

NAME (according to passport) **DATE OF BIRTH** **MM DD YY**

FIRST MIDLE LAST

STAGE NAME _____

Title _____ Nationality _____ Participant Support Staff

Event and Group Details

B. EVENT DETAILS:

Name of event: _____

Date(s) of event:

Location(s): _____

C. BERMUDIAN SUPPORT FOR THIS EVENT:

Name: _____ Title _____

Name: _____ Title _____

Name: _____ Title _____

Promoters and organizers, please confirm if persons/groups listed above comply with the International Unfair List requirements

YES NO

For groups larger than five, copy Section 11 as required or present information as a supplementary spreadsheet. Is a supplementary spreadsheet attached?

YES NO