



**Ministry of Public Health,
Social Development & Labor**
Department of Labor Affairs

AUTHORIZATION LETTER

The undersigned hereby authorizes the following person or company to execute the following labor related services:

Name of Company: _____ Tel: _____

Name of Person: _____ Tel: _____

- submitting/ renewing of the Business & Personnel registration
- submitting Vacancy forms
- signing of Business & Personnel registration forms
- signing of Vacancy forms
- submitting of Employment Permit requests
- collecting of Employment Permits / positive and negative decisions
- mediating for employment
- submit Dismissal Request forms/ application
- collecting of decision on Dismissal application (besluit)

This authorization letter is valid effective _____ until _____

Name

Signature

Company

Position

Crib Number

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****This section is only to be completed by an authorized company***

The authorized company hereby authorizes the following person to execute the selected labor related services:

Name of Person: _____ Tel: _____

This authorization is valid effective _____ until _____

Name

Signature