



**Ministry of Public Health, Social
Development & Labor**
Division 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

**** Disclaimer**:** The Division reserves the right to revoke this authorization. Furthermore, where required, the Officers of the Division maintain the right to contact the rightful owner / decision maker, of the organization /business. The Business owner or Director , as mentioned on the Chamber of Commerce extract, must at all times make themselves available to the Officers of this Division.

