



GOVERNMENT OF THE FIJI ISLANDS

MINISTRY OF IMMIGRATION

CONSENT AND DECLARATION FORM

EMPLOYEE CONSENT

Employee's Authorization for Employer to Submit Information in Online Work Permit Application

I, Employee's Name _____, hereby authorize Employer's Name _____ (hereinafter referred to as "my Employer") to apply for an online work permit application on my behalf. I understand that this authorization allows my Employer or their designated agent to act on my behalf in all matters related to the application process.

By signing this authorization, I acknowledge and agree to the following:

1. The Employer or their designated agent is authorized to access and submit the necessary information and documentation required for the online work permit application.
2. I authorize the Employer or their designated agent to represent me in communications with relevant authorities regarding the application process.
3. I understand that any information provided by the Employer or their designated agent on my behalf will be considered accurate and truthful to the best of their knowledge.
4. I retain the right to revoke this authorization at any time by providing written notice to the Employer.
5. This authorization is valid until the completion of the online work permit application process unless revoked earlier in writing by me.

EMPLOYEE DECLARATION

1. I agree to comply with the terms and conditions stated in the permit to work.
2. I realise that I shall not be able to undertake employment in the Fiji Islands unless I first secure an appropriate permit to work from the Director of Immigration.

3. I certify that all information on this application is true to the best of my knowledge and belief.
4. I understand that a decision on this application will be made on the basis of documents and statements provided.
5. I am aware this application may be unsuccessful where I have not demonstrated that the criteria of the grant of the permit have been satisfied. All the required documentation demonstrating this should be provided at the time of lodgment.

Name of Applicant:

Signature of Applicant:

Date:

Signature of Witness:

Name in Full:

Address:

Date:
