

CHECKLIST FOR APPLYING FOR FOREIGN WORKER LICENCE DEPOSIT REFUND

A	REQUIRED DOCUMENTS		Please tick (✓) the appropriate box
1.1	Application Form	1 Original & 2 Copies	
1.2	Vendor Form	1 Original & 2 Copies	
1.3	A valid copy of Identity Card or Passport (for foreign nationals)	3 Copies	
1.4	Original Deposit Receipt (If the original receipt has been lost, the applicant must submit a police report and a Court Statutory Declaration.)	1 Original & 1 Copy	
1.5	Copy of the Business/Company Bank Passbook or Bank Statement	3 Copies	
1.6	16 & 17 Registration or Form X (Incorporation Certificate)	3 Copies	
1.7	Certificate of Change of Name or Certificate of Company Name Change (if applicable)	3 Copies	

B	REASON FOR CLAIMING THE DEPOSIT		
2.1	Worker Cancellation/Transfer Confirmation	1 Original & 1 Copy	
2.2	or a copy of the Foreign Worker Licence for workers utilizing JITPA/Bank Guarantee, bearing the relevant endorsement—or confirmation from the NLMS.	1 Copy	

C	FOR COMPANIES THAT DO NOT HAVE A BANK ACCOUNT		
3.1	Court Declaration (If there are partners, all partners are required to make a Court Declaration consenting to the claim being filed in the name of one of the partners)	1 Original & 2 Copies	

D	IF A COMPANY OWNER OR PARTNER PASSES AWAY		
4.1	Court Administrator's Memo/Letter (Probate Letter)	3 Copies	
4.2	Copy of the Identity Card or Passport of the deceased employer	3 Copies	
4.3	Copy of the employer's death certificate	3 Copies	

Note:

1. For companies that are still operational, only those registered in 16/17 are permitted to submit the claim using a personal bank account.
2. For companies registered using Form X, a company bank account is mandatory.
3. Please register via TAFIS 2.0 (www.tafis.gov.bn) by selecting the "NEW REGISTRATION" icon before submitting your application to the Department of Manpower and Employment. Guidelines can be accessed by clicking the "USER GUIDE" icon.
4. For a partial refund claim, the employer is only required to provide the documents listed under Category A (1.1 – 1.7).
5. If you have any questions, please contact the Department of Manpower and Employment, Finance Section at:

Headquarters: 2382905 Ext. : 2301/2302
Tutong Branch : 42214008
Belait Branch : 3331549
Temburong Branch : 5287400

Refund Application Form

Date : _____

Branch :

	Headquarters, Brunei Muara District
	Tutong District
	Belait District
	Temburong District

Type of License :

	Lesen Pekerja Asing (LPA)
	Lesen Pekerja Domestik (LPD)
	Lesen Agensi Pekerjaan
	Others

License Reference : _____

Employer Name (LPD)/Company Name (LPA)
(As stated in the Identify Card/ROCBN) : _____

Identity Card No.(LPD) ROCBN No (LPA)
(As stated in the Identify Card/ROCBN) : _____

Employer Address(LP) /Company Address (LPA) : _____

Phone Number : _____

Email : _____

Reason for Applying : _____

List of Receipts to be Claimed
(Please use a new form if additional space is required.)

				Please tick (✓) the appropriate box	
No	Receipt No	Receipt Date	Total	Full Amount	Partial
1					
2					
3					

4					
5					
6					
7					
8					
9					
10					
		Total			

Terms and condition

I hereby confirm that I have read, understood, and agree to all the information stated above. I further confirm that all information provided has been reviewed and is complete, accurate, and true. I understand that any incomplete, inaccurate, or false information may result in the rejection or cancellation of this application. I agree to notify the Department of Manpower and Employment of any changes to the information provided. I also authorize the Department of Manpower and Employment to verify the information provided with any relevant authorities or agencies. I acknowledge that the Department of Manpower and Employment shall not be held liable for any loss arising from my negligence or from the provision of incomplete, inaccurate, or false information.

Company stamp (if applicable)

Signature

FOR OFFICE USE**1st Checker (Kaunter)**

Complete		Sorted	
Incomplete		Unsorted	

Comment : _____

Name: _____

Date: _____ Signature : _____

2nd Checker

Complete		Sorted	
Incomplete		Unsorted	

Comment : _____

Name: _____

Date: _____ Signature : _____

3rd Checker (PPK/Penyelia)

Complete		Sorted	
Incomplete		Unsorted	

Comment : _____

Name: _____

Date: _____ Signature : _____

Final (Approver) (PK)

Approve	
Deny	

Comment : _____

Name: _____

Date: _____ Signature : _____