

CHECKLIST FOR APPLYING FOR DOMESTIC 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 Employer's Bank Passbook or Bank Account Statement (For a joint bank account, the applicant must submit a letter of consent signed in blue ink stating that there is no objection to the claim amount being credited into the joint account, together with a copy of the account holder's Identity Card.)	3 Copies
1.6	Copy of the return flight ticket to the country of origin of the Licence Holder – For foreign nationals returning to their home country.	3 Copies

And

B	FOR CLAIMS DUE TO EXEMPTION (QUALIFIED CIVIL SERVANTS ONLY)
2.1	Copy of Domestic Worker Licence that has been stamped for exemption or Verification of exemption in NLMS.

Or

C	CLAIM DUE TO REDUCTION OF LICENCE QUOTA
3.1	Copy of the latest Domestic Worker Licence
3.2	Copy of the previous Domestic Worker Licence

Or

D	CLAIM DUE TO CANCELLATION OF LICENCE		
4.1	Licence cancellation letter from Domestic Worker Section or a copy of the email confirmation from NLMS	1 Copy	

Or

E	IF THE DOMESTIC WORKER LICENCE IS TRANSFERRED TO THE NAME OF THE SPOUSE /CHILD/ SIBLING		
5.1	Copy of the previous and new Domestic Worker Licences bearing the deposit/exemption stamp or verification in NLMS.	1 Copy	

Or

F	IF PAYMENT IS TO BE MADE INTO THE BANK ACCOUNT OF THE SPOUSE OR CHILD		
6.1	A valid copy of the account holder's Identity Card or passport	3 Copies	
6.2	Copy of the bank passbook or bank statement	3 Copies	
6.3	Court Statutory Declaration signed by both parties	1 Original & 1 Copy	

Or

G	IF PAYMENT WILL BE MADE TO THE SPOUSE/FAMILY MEMBER DUE TO THE DEATH OF EMPLOYER		
7.1	A valid copy of Identity Card or Passport (for foreign nationals)	3 Copies	
7.2	Copy of the Employer's Death Certificate	2 Copies	
7.3	Copy of Probate Letter from the court	2 Copies	
7.4	Court Statutory Declaration stating that other administrators have no objection to the refund amount being deposited into the applicant's bank account (if applicable)	1 Original & 1 Copy	

Note:

1. For a partial refund claim, the employer is only required to provide the documents listed under Category A (1.1 – 1.5).

2. 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 : _____