



DEPARTMENT OF LABOUR
MINISTRY OF HOME AFFAIRS
BRUNEI DARUSSALAM

SECTION 112, EMPLOYMENT ORDER, 2009

FOREIGN WORKER LICENSE (FWL)
CHECKLIST

***ATTENTION: ANY FORMS THAT ARE INCOMPLETE AND/ OR SUBMITTED WITHOUT THE PROPER REQUIRED DOCUMENTS WILL NOT BE ACCEPTED**

REQUIRED DOCUMENTS	
1) Foreign Worker Application Form (2 copies) FORM MUST BE FILLED IN CLEARLY AND WITH CAPITAL LETTERS	7) Verification/Support of Mandatory Registration from Job Centre, Brunei
2) A copy of the Identity Card/Passport for each Applicant/Owner/Partner in the company	8) A copy of certificates equivalent to the occupation should the occupation require qualifications. For the post of driver: A copy of the driving license and Blue Card of the vehicle to be used
3) A copy of the valid passport for every worker being applied for	9) A copy of the Tenancy Agreement for Office/ Business Premise / Company Worker Residence (If applicable)
4) A copy of Company Registration Form X / Section 16 & 17	10) A copy of the Tenancy Agreement for Worker Residence (If applicable)
5) Copies of supporting / approval letters from relevant government agencies (if applicable)	11) For Construction activities: Copies of ABCi's approval and ongoing or upcoming projects must be attached
6) List of local employees verified by the Employee Trust Fund (<i>Tabung Amanah Pekerja</i> or TAP)	12) A copy of Representative Card of the Employment Agency
CONDITIONS OF FOREIGN WORKERS BEING APPLIED FOR	
1) The Foreign Worker must be between the ages of 18 years (minimum) and 55 years (maximum)	
2) Foreign Workers under the categories of semi-skilled, skilled and professional must possess relevant qualifications related to the occupation being applied for.	
3) The Foreign Worker must be fit for employment and undergo medical examination at accredited Health Centres in the country (after the FWL application has been approved)	
4) The Foreign Worker must be a new worker whom is not currently in the country and not under the employ (<i>jaminan</i>) of another company	
CONDITIONS FOR APPLICANT/ EMPLOYER/ COMPANY	
1) Employers /Companies applying must be a registered company under the ROCBN and possess all the required approvals/permission for conducting relevant activities	
2) FWL applications must be through Employment Agencies licensed and registered by the Department of Labour	
3) Employers/Companies must be registered with Job Centre Brunei and TAP before submitting an application for the FWL.	
4) The number of Foreign Workers applied for must not exceed the set percentage / ratio of local and foreign workforce (NTA) that is accorded by industry.	
5) Security deposits must be paid by cash or Bank Guarantee or by Insurance Guarantee / Takaful Contribution for Foreign Workers (JITPA) for each Foreign Worker employed throughout the duration of their employment in the country.	
6) Foreign Workers must be covered by Workmen's Compensation Insurance (<i>Insuran Pampasan Pekerja</i>) and Medical Insurance (<i>Insuran Perubatan</i>) and such proof must be attached during contract signing at the Department of Labour.	
7) Appropriate residence for workers must be provided (Tenancy Agreement for residential premise is required).	
8) A written employment contract between Employer and Foreign Worker must be furnished at the time of contract-signing at the Department of Labour.	
9) Employers must be responsible for overseeing the safety and whereabouts of the Foreign Worker in the country as well as ensure that the Foreign Worker observe the laws and rules enforced within the country.	
10) Employers may not, without lawful authority, possess or retain the passport or travel document of the Foreign Worker	
10) To obey/ observe the conditions / rules set out by the Department of Labour and the Department of Immigration and National Registration with regards to entry and recruitment of Foreign Workers into the country.	
11) Proper business facilities must be provided for according to the approved business activities.	
12) Employers must attach a list of current Local Employees registered and receiving TAP contributions.	
13) Employers must only place workers in premises of business approved by the Department of Labour where Employers must be considered as a fit and proper by the Department of Labour.	
14) The FWL will be cancelled/ revoked if during the course of inspection (conducted by the Inspection Unit, Labour Inspection Division) the Employer is found to have not observe the above mentioned conditions or any conditions of the license.	



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TOTAL NUMBER OF
LOCAL AND FOREIGN
WORKERS IN THE
COMPANY

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PJB/

A. COMPANY DETAILS

EMPLOYER REFERENCE NUMBER:

Company Name /
Registered Employer :

Mailing Address / Business
Premise /Activity Location:

Type of Activity / Business :

Owner
Name:

Address of
Worker's
Residence:

B. DETAILS OF WORKER BEING APPLIED FOR:

NO	NAME OF EMPLOYEE	GENDER		OCCUPATION	SALARY	COUNTRY	DATE OF BIRTH (DD/MM/YYYY)	PASSPORT NO.
		M	F					
1								
2								
3								
4								
5								

B. EMPLOYER DECLARATION (This declaration must be completed by the employer)

I solemnly declare that all information given on this form is true and correct. If it is found that the information is incorrect/untrue, the Foreign Worker License granted may be revoked. I am responsible for complying with all the requirements of the Employment Order 2009 as stated in Section 114, which requires employers to repatriate their foreign workers to their country of origin at my own expense.

I, as the employer, will only place my workers at the business address as stated above.

Date :

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Signature of Applicant / Employer

Name :

Occupation:

IC No. : Tel. No.

FOREIGN WORKER LICENSE APPROVAL (DURATION)

DATE FOREIGN WORKER LICENSE ISSUED :

FOREIGN WORKER LICENSE VALID UNTIL :

For Commissioner of Labour

D. LICENSED EMPLOYMENT AGENCY DETAILS

To be completed by the Employment Agency

1. Employment Agency Name :

2. Reference Number:

3. Telephone Number

Mobile:

Office :

4. Fax Number

Date :

.....
Signature of agent and employment agency stamp

Name :

Position :

FOR DEPARTMENT USE ONLY

DATE
RECEIVED

EMPLOYER
REFERENCE NUMBER

Verified and checked by:

.....
VERIFICATION CLERK
Date:

E. LOCAL EMPLOYEE DETAILS

NO	WORKER NAME	TAP REFERENCE NUMBER	GENDER		QUALIFICATION	IC NUMBER	DATE OF BIRTH	OCCUPATION	SALARY OFFERED
			M	F					