**Annexure II: Transfer of Contract of Employment and Workplace Change**

1. **Employer Details**

**1.1 Relieving Employer**

Employer/Name/entity:……………………………………..CID/Trade license/CDB………………………….

Contact number:…………………………

**Work Location:**

Dzongkhag:………………………Gewog:………………………., Exact Location…………..… ……………..

**1.2 Receiving Employer**

Employer Name/Entity: ……………………………………..CID/Trade license/CDB………………………….

Contact number:…………………………

**Work Location:**

Dzongkhag:…………………………Gewog:………………………., Exact Location………………….………

1. **Foreign Workers Details**

Total Nos. of Foreign Workers to be transferred: Fill the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No** | **Name of FW(s)** | **Work Permit (WP) Number**  | **Occupation**  | **WP Expire date** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |

*Note: Attach additional page if more FWs*.

1. **Undertaking**

**3.2 Receiving Employer (Tick the relevant statement either a or b)**

1. I hereby undertake full responsibility of the above foreign worker/s to be deployed in my construction or business undertaking till the completion of my work and repatriate to their origin of country without fail.
2. I hereby undertake to deploy the above foreign worker/s in my work site for a period of ……. hours/days on temporary basis and will send back the workers to the original employer after the completion of the specified agreed period.

(Affix Legal Stamp)

Name and Signature

Date:-

**3.1 Relieving Employer (Tick the relevant statement either a or b)**

1. Please cancel the work permit of the above listed foreign Worker/s which was/were issued in my name/entity as my construction work/business undertaking is completed and the workers are being transferred.
2. The above foreign workers is/are temporarily transferred to the receiving employer for a period of ………days/hours and will return to my work site after the completion of the specified agreed period.

(Affix Legal Stamp)

Name and Signature

Date: