[Legal Notice No. 102]

THE LABOUR ACT

(Cap. 75)

THE WORK PERMIT (AMENDMENT) RULES 1998

IN exercise of the powers conferred by section 120 of the Labour Act, the Minister hereby makes the following rules -

- 1. These Rules may be cited as the Work Permit (Amendment) Rules 1998.
- 2. The Work Permit Rules 1985 is hereby amended by deleting the Schedule appearing therein and substituting therefor the following schedule -

Form (1)

"SCHEDULE

SOLOMON ISLANDS GOVERNMENT Ministry of Commerce, Employment and Tourism P.O. Box G26, Honiara, Solomon Islands Tel.: 21849/21850/21854/21855/21356 Fax: (677) 25818

LABOUR DIVISION

APPLICATION FOR A WORK PERMIT

Please fill in all parts of this form and send it with a fee of \$200.00 to the Commissioner of Labour, Ministry of Commerce, Employment and Tourism, P.O. Box G26, Honiara. Plus an application form fee of \$2.00.

This form may be filled by the immigrant/non-indigenous employee or his prospective employer. If answer is none, write "NONE" in the appropriate space. Continue on separate sheet if there is insufficient space to complete any part.

Part 2 to be filled in by the Company or Employer.

PART 1: DETAILS OF EMPLOYEE

PART 1: DETAILS OF EMPLOYEE

1.	First Name(s) Surname Marital Status (Supply copy of Marriage Certificate if married)				
2.	Date of Birth Place of Birth Overseas Address				
3.	Contract of Employment Nationality (Supply signed copy of Contract Employment)				
4.	Details of Academic Training and qualifications (produce copies of Certificate, Diplomas or Degrees Achieved).				
5.	One Passport Photo of the applicant to be attached with this Application Form.				
6.	Experience relevant to the job offered (C.V. to be supplied).				
7.	Ability to speak English (tick whichever is applicable).				
	Excellent Satisfactory Fair None				
8.	Date of first employment in Solomon Islands.				
9.	Previous employment in Solomon Islands with dates and job title and expiry date of current permit.				
10.	Details of any conditions attached to a current permit to enter and reside.				
11.	Relationship to employer/company/organisation.				
12.	Duration of Employment.				
13.	Name of Employer and Registered Office (give address in Solomon Islands).				
14.	Place where employee is to undertake work.				
15.	Job Title				
16.	Full description of work the employee to undertake.				

PART 2:	COMPANY/EMPLO	OYER/ORGANISA	TION AND JOB	INFORMATION	
1.	If employer is a for Certificate with the	oreign investor, prov he date of Foreign In	ide a copy of the FIB vestment approval inc	Approval luding activities.	
2.	Provide a copy (original/revised) of the localisation programme for this work and name of counterpart employed.				
3.	Provide a localisate should highlight the	tion and training pro he following needs:	gramme for the firm.	A clear indication	
	(a) Organisati	onal training needs;			
	(b) Employees	knowledge, techniques	and skills training	needs; and	
	(c) To comply training o	with the Government P f manpower needs.	olicy of employment,	localisation and	
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	COMPLETE THE FOLLOWING TABLE				
4.	CC	OMPLETE THE F	OLLOWING TAB	LE	
4.	No. of Solomon Islands citizen employed	OMPLETE THE F On date of Application	OLLOWING TABI Same date 2 years ago	Same date 4 years ago	
4.	No. of Solomon Islands citizen	On date of	Same date	Same date	
4.	No. of Solomon Islands citizen	On date of	Same date	Same date	
4.	No. of Solomon Islands citizen employed No. of non- Solomon Islands citizen employed	On date of Application	Same date 2 years ago	Same date 4 years ago	
	No. of Solomon Islands citizen employed No. of non- Solomon Islands citizen employed Full details of job	On date of Application	Same date 2 years ago	Same date 4 years ago	
	No. of Solomon Islands citizen employed No. of non- Solomon Islands citizen employed Full details of job (produce documentary	On date of Application advertisement and say proofs).	Same date 2 years ago lary offered in Solom	Same date 4 years ago on Islands	
5.	No. of Solomon Islands citizen employed No. of non- Solomon Islands citizen employed Full details of job (produce documentary) State the names and the job and the ground	On date of Application advertisement and say proofs).	Same date 2 years ago lary offered in Solom	Same date 4 years ago on Islands	
5.	No. of Solomon Islands citizen employed No. of non- Solomon Islands citizen employed Full details of job (produce documentary) State the names and the job and the ground	On date of Application advertisement and say proofs).	Same date 2 years ago lary offered in Solom	Same date 4 years ago on Islands	

7.	State the grounds for the preference of the expatriate worker.
*	
I declare	that the information given above is true to the best of my knowledge and belief.
	Signed:
	lse declaration may result in the revocation of a Work Permit application.
	lication for entry and residence permits has to be made separately to the r of Immigration.
FOR OFF	ICIAL USE ONLY
	Receipt No:
	Date received:

rule 4(1)

Form 2.

SOLOMON ISLANDS GOVERNMENT MINISTRY OF COMMERCE, EMPLOYMENT AND TOURISM (LABOUR DIVISION)

	WORK PERMIT	
fationality: Diverseas address: farital status: fame of employer: didress of employer: egistered officer (if any) of employer: rate of issue/renewal: eate of expiry: escription of work to be undertaken:		NO. HON NO. IMM
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Signature:	Commission of La
	Commissioner of Labour
Data	
Date:	
NOTE:	An applicant should take dnote that a holder of work permit

An applicant should take dnote that a holder of work permit, who is in breach of any condition of his or her work permit is liable, on conviction of a fine of %500.00 under section of the Labour Act.

The Conditions of this work permit are laid down in the Work Permit Rules 1985.

Under rule 5 of these the Commissioner may revoke a work permit at any time if he is satisfied that the hold has breached a Condition of the work permit or has made a false entry in his application for a work permit.

Rules for the renewal of work permits and variation of the particulars and Conditions or work permits are laid down in the Work Permit Rules 1985.

The onus to renew a work permit is on the employer and employee.

rule 2.

Form 3.

SOLOMON ISLANDS GOVERNMENT

Ministry of Commerce, Employment and Tourism
Labour Division
P.O. Box G28
HONIARA
Solomon Islands

Telephone: 21849/21850/21855/21356 Facsimile (677) 25818

Our ref. L22/
Date:
Dear Sir/Madam,
WORK PERMIT APPLICATION TO EMPLOY IMMIGRANT OF NON-INDIGENOUS WORKER
First Name: Surname:
Your application for a Work Permit for the person named above is approved in principle subject to -
(a) the payment of SI\$ to the Commissioner of Labour;
(b) The salary/wage to be received is
if not included in the contract; and
(c) the clearance of the Director of Immigration.
2. On receipt of the above payment and information, the Work Permit will again be sent to the Director of Immigration for his clear-

- 3. After having done all immigration formalities to the satisfaction of the Director of Immigration, he will then pass on to you the Work Permit together with the Residence Permit for the above-named person.
- 4. This approval may be withdrawn after fourteen days if (a) (c) abvove are not fully complied with.

Yours faithfully,

for COMMISSIONER OF LABOUR Ministry of Commerce, Employment and Tourism

[The Work Permit Rules 1985, rule 3 is amended by adding a new subrule 3(3) - "No work permit shall be granted, renewed or varied for more than one employer/entity."]

copy: Director of Immigration

Your Government GTR No. is inserted for your reference".

Dated at Honiara this sixth day of August 1998.

DANIEL ENELE KWANAIRARA Minister of Commerce, Employment and Tourism

*L.N. 142 of 1992.

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