

Approval No: AL /
No:.....

My

Date of Issue

Sri Lanka Bureau of Foreign Employment
No: 234, Denzil Kobbakaduwa Mawatha,
Koswaththa, Battaramulla.

FIRST APPROVALS

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Dear Sir /Madam,

Approval is granted for recruitment and you have been assigned the above number and this approval is given in terms of section 37 of act no : 21 of 1985 and by amended act no: 4 of 1994 subjected to you compliance with section 33-40 (I) – 40(II) of the above ACT and regulations made by the minister of labour under section 52 ACT No : 21 of 1985 and published in government gazette No : 154/9 of 28.05.1985.

This approval will be valid for one year from the date of issue in case with the license lapsed before one year and if no renewal of Licensee Has been obtained the approval will automatically be cancelled on the date of expiry of licence.in order to satisfy the audits and explain any gaps between first approvals and final approvals. A monthly return is required on the progress of recruitment on this approvals.

I wish to bring to your notice that under section 51 of the Sri Lanka Bureau of foreign employment ACT. every person who is left for foreign employment outside Sri Lanka should pay the bureau a prescribed fee as follows and further sum of RS.200/= making a total amount as below:

Prescribed Fee(Rs)	Total (Rs)
15200 +310+2327 /=	17,837/=

Arrangement have been made to enable persons to remit this money to the bureau through the main branches of the Bank of Ceylon and People’s Bank. the Bank of Ceylon and the Peoples Bank branches at the Bureau are also opened daily from 8.30 a.m. to 4.30 p.m. to accept these payments. you are kindly requested to call for reimbursement of recruitment expenses at the above rate per person immediately as such personal levees the country.

I wish to bring to your king notice that the original copy of the first approval only valid for obtaining final approvals.

Yours Faithfully,

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DGM (Approval)/ Manager/ Administrative Officer

For Chairman Sri Lanka Bureau of Foreign Employment.

JOB ORDER APPROVAL APPLICATION
FIRST APPROVALFORM – F

DETAILS OF THE LOCAL AGENT
 LICENCE NO.....

NAME.....
 ADDRESS.....

TELEPHONE NO..... FAX NO..... EMAIL.....

DETAILS OF THE FOREIGN PRINCIPAL
 NAME OF THE FOREIGN PRINCIPAL

ADDRESS.....

COUNTRY.....
 TELEPHONE NO.....
 FAX..... EMAIL.....

FOOD ACCOMODATION AIRTIKET ONE WAY
 MEDICAL CONTRACT PERIOD TWO WAY

SE/ NO	JOB CATAGERY	NO. OF VACANCIES SOUGHT	NO OF VACANCIES APPROVED	SALARY WITH CURRENCY (.....)	NO GRANTED (FOR OFFICIAL USE ONLY)					

FOR OFFICIAL USE ONLY

SIGNATURE OF THE LICENSE.....

DATE.....
 AGENCY SEAL

NOTE TO BE FIELD DUPLICATION

EMBASSY REG. NO

APPROVAL NO AL/.....
 CHECKED BY

DATE OF ISSUED.....
 VALIDITY EXPIRED ON.....