LMRA هيئة تنظيم سوق العمل

New Visa / Renewal Application Form For Over 60

Application Date

Day – Month – Year

Application No.

Establishment / Unit Name (in English or Arabic)

CR / Unit No.

Expat Details

CPR No.

Name (in English / Arabic) First Name - Second Name - Third Name - Family Name

Occupation

Academic Qualification

Bachelor Master PhD Other

Phone No.

E-mail Address

Monthly Salary (BD.)

Please check the following before applying for renewal

- Profession of the required employee must be either consultancy, advisory or specialist occupation
- To provide Medical Insurance certificate within 30 days of approval of renewal request
- Application should be submitted 30 day before the expiry of the work visa
- Attach a copy of qualification certificate

Application Justification

Declaration

I, the undersigned, declare that all the information mentioned above is correct and I shall be held liable if it was proved otherwise.

Name

Signature

CPR No.

For Official Use

Application received by

Signature

Date

Day – Month – Year

Recommendation

Signature

Date

Day – Month – Year

Approval

Approved Rejected

Signature

Date

Day – Month – Year

Comments