

Establishment / Unit Registration Form

Type of Service Required

New Registration Amendments

Date

-

Company/Unit Details

CR / Unit Number

-

Type of Establishment / Unit

Commercial Government Non-Commercial/Non-Government

Authorized Person(s) Detail(s)

Name

Level of Authority

Applying for Work Visa related Applications *

Applying for Work Visa applications * and pay fees

Add Delete

E-mail

Mobile Number

CPR Number

Name

Level of Authority

Applying for Work Visa related Applications *

Applying for Work Visa applications * and pay fees

Add Delete

E-mail

Mobile Number

CPR Number

Name

Level of Authority

Applying for Work Visa related Applications *

Applying for Work Visa applications * and pay fees

Add Delete

E-mail

Mobile Number

CPR Number

Name

Level of Authority

Applying for Work Visa related Applications *

Applying for Work Visa applications * and pay fees

Add Delete

E-mail

Mobile Number

CPR Number

Name

Level of Authority

Applying for Work Visa related Applications *

Applying for Work Visa applications * and pay fees

Add Delete

E-mail

Mobile Number

CPR Number

Declaration

I the undersigned as the responsible person declare that I have read and accepted all of the terms and conditions that are in this form as per my knowledge and I certify that all the details in this form are true and correct.

Responsible Person's Name

Signature

Date

-

Telephone Number

Mobile Number

CPR Number

For Official Use Only

Received By

Signature

Date

-

Correspondents Address of Company / Unit

Flat No.	Building No.	Road No. / Name	Block No.	Area
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office Telephone Number	Fax Number	Mobile No. of Business Owner / Responsible Person		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
E-mail	Corresponding Methods			
<input type="text"/>	<input type="checkbox"/> E-mail <input type="checkbox"/> SMS <input type="checkbox"/> Fax <input type="checkbox"/> Letters			
P.O. Box	Corresponding Language			
<input type="text"/>	<input type="checkbox"/> Arabic <input type="checkbox"/> English			
Electricity Account Number (Non-Governmental Entities)				<input type="checkbox"/> Number of Bahraini Employees with special needs (for Commercial)
<input type="text"/>				

Required Documents

- To fill the Registration Form.
- A letter of appointment from the government or commercial establishment specifying the names of the person in charge, the authorized persons, their personal detail, and the level of their authority.
- A copy of a valid commercial registration certificate.
- A copy of the ID/CPR of the employer/the person in charge, and authorized persons.
- A copy of the recent electricity bill (for non-governmental entities)
- A certificate from the Ministry of Social Development, showing the number of disabled Bahraini employees (for commercial establishments only.)
- A certificate from the relevant agency showing its consent to the practice of work activities of the free business owners e.g. Fisherman & Taxi Drivers (For owners of non-governmental/ non-commercial establishments)

Terms And Conditions

- All documents and information stated in the application should be correct. The applicant is held liable for all the above.
 - The Authority shall keep confidential all the information about the employers & employees. However, the Authority is entitled to release such information upon a written request from a judicial or government agency.
 - The application is subject to Acts, Regulations, orders and resolutions, currently in force, in the Kingdom of Bahrain.
 - The above mentioned terms and conditions are enforceable as from the date of perusal and signature of the application.
 - The employer undertakes to immediately inform the authority of any changes or updates to the information stated in the application.
 - The person authorized by the employer/ person in charge, undertakes to be liable within the limits of the level of his authority.
- * Work visa applications include: Issuing new, renew and terminate workvisas and dependents' residence permits, Occupation change, Entering and updating employer ,foreign worker and establishment details.

Notes

- All correspondences shall be addressed to the person in charge and authorized persons.
- For further information queries, please contact the call centre 17506055.
- The system's access password will be sent to your email within 24 hours after registration.