(Date)

* **Insert Company Letter Head**

In-Country Value (ICV) Division

Ministry of Energy

Prime Minister’s Office Building,

Jalan Perdana Menteri, Bandar Seri Begawan,

Negara Brunei Darussalam

Dear Sir/Madam,

**Re: Support Letter for Special Authorization Work Pass (SAWP) Application**

This is to certify that the personnel listed below is/are being commissioned by:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Local Vendor/ Company** |   | **Employment Agency (If any)** |   |
|
| **Contract/ PO No. (If any)** |   | **Insurance Company** |   |
|
| **Duration of Contract/PO** | **Begin** | **End** | **Guarantor Company** |   |
| dd/mm/yyyy | dd/mm/yyyy |
|  |
| **Purpose of visit** |   |
|
|
| **Applied Duration** | Days | Months | Years | From: | dd/mm/yyyy |
|   |  |  | To: | dd/mm/yyyy |
|  |
| **Extension** | Yes / No | If Yes, state the total duration from the first application: | Months |
|  |
|   |
| **No.** | **Name** | **Position in the Company** | **Nationality** | **Passport No.** |
| 1 |   |   |   |   |
| 2 |   |   |   |   |
| 3 |   |   |   |   |
| 4 |   |   |   |   |
| 5 |   |   |   |   |
| 6 |   |   |   |   |

We appreciate your kind assistance in considering our request for SAWP for the individual(s) mentioned above.

|  |
| --- |
| Applicant’s Initial |

Thank you for your cooperation.

Yours faithfully,

For [**State Company Name**]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Name of Applicant** |  |  |
|  |  | Position Title |  |  |

CC

* YM Pesuruhjaya Buruh, Jabatan Buruh, Kementerian Hal Ehwal Dalam Negeri.
* YM Pengarah, Jabatan Imigresen dan Pendaftaran Kebangsaan, Kementerian Hal Ehwal Dalam Negeri.
* YM Ketua Cawangan Pejabat Buruh, KB, Jabatan Buruh, Kementerian Hal Ehwal Dalam Negeri.