|  |
| --- |
| Insert Company Letter Head |

(Date)

Industry Development Group

Authority for Info-communications Technology Industry of Brunei Darussalam (AITI)

Kampung Anggerek Desa

Jalan Berakas, BB3713

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) |  |
| Contact / PO No.(If any) |  | Insurance Company |  |
| Duration of Contract/ PO | Begin | End | Guarantor Company |  |
| dd/mm/yyyy | dd/mm/yyyy |
|  |
| Purpose of visit |  |
| Duration of Visit | 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 | Nationality | Passport No. | Position |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

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

Thank you for your cooperation.

Yours faithfully,

For ***Application Company***

……………………………………………………………..

Name of Applicant

Position Title