|  |
| --- |
| 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: Application for Special Authorization Work Pass (SAWP)**

(Insert text)

* Current Local Workforce %
* State reasons for applying e.g. pending quota, pending work pass, call-off, etc.
* Justification for not employing local

Details of the personnel as below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Name | Nationality | Passport No. | Position |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

Training Planning

*Note: Scope of Training/Transfer of knowledge should be reflected to the non-local scope of work.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Name** | **Contact Number** | **IC Number and Colour** | **Scope of Training/Transfer of Knowledge** | **Date of Training/Transfer of Knowledge (dd/mm/yy)** |
| Start | End |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

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