FORM NO.1 EIC. WORK PERMIT

PHOTO

ETHIOPIAN INVESTMENT COMMISSION

Application for Work Permit

Filled in Four Copies (new) ☐
Filled in One Copy (renewal) ☐

I. PARTICULARS OF THE EMPLOYER	
Company / Investor Name	
Address	Region _____ City/Woreda/Sub-City/Kebele _____ House No. _____ Tel.No. _____ Fax _____ P.O. Box _____ E-mail _____
Nationality/country of incorporation of enterprise	
Description of business activity	
Business location of enterprise	
Capital of enterprise	
Investment permit, business license number	
Date of issuance	
Expansion license number, date of issuance (if any)	
Total number of employees in enterprise (current)	
Total number of expats (current)	
Total number of Ethiopian employees in permanent positions (current)	
Total number of Ethiopian employees holding management posts (current)	
II. BIO DATA AND POSITION TO BE OCCUPIED BY THE EXPAT	
Full name	
Sex M ◯ F ◯	Date of Birth Nationality
Passport No. and Valid until	
Visa type	
Visa date of Issue and valid till	

Title of professional line, position to be occupied by expat	
Project phase for which expat employment is sought	
Agreed length of employment per the employment contract	
Qualification/s of expat	Education: PHD/master's degree/First Degree/ Diploma/Certificate/Others _____ Professional skill _____ Years of work experience _____
Expected date of employment	
Basic salary (in Birr)	
Monthly allowance (in Birr)	

Certification

I hereby confirm that all the particulars furnished in this application are true and correct.

Name ----------

Title ----------

Date ----------

Signature ----------

FOR OFFICE USE ONLY

Decision/comment

_____
_____
_____

Name _____
Position _____
Signature _____
Date _____

ANNEX I: PARTICULARS OF ETHIOPIAN REPLACEMENT EMPLOYEE	
Number of replacement employee's Ethiopian employee to be on-boarded for transfer of knowledge and skills	
Name of replacement employee	
Age, sex	
Full address, contact details	
Description of academic credentials and experience	
Content of training program designed to replace the expat (use annex):	
Schedule of training program	
Estimate of total time required to transfer knowledge and skills	

Name of replacement employee	
Age, sex	
Full address, contact details	
Description of academic credentials and experience	
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