

**LTR VISA TERMINATION REQUEST FORM**

<b>Part A : Personal Information</b>		
1.Full English name shown in passport		
First name	Middle name	Last name
2.Passport number	3.Date of issue (dd-mm-yyyy)	4.Valid until (dd-mm-yyyy)
5.Home address		
6.Home/mobile phone number		7.E-mail address
8. Current Visa <input type="checkbox"/> LTR "W" <input type="checkbox"/> LTR "P" <input type="checkbox"/> LTR "H" <input type="checkbox"/> LTR "T" <input type="checkbox"/> LTR "O"		9. Visa valid until (dd-mm-yyyy)
<b>Part B : Termination</b>		
<input type="checkbox"/> Visa termination (please complete part C)		
<input type="checkbox"/> Work permit termination (please complete part D)		
<input type="checkbox"/> Visa and Work permit termination (please complete both part C and D)		
<b>Part C : Details of LTR Visa</b>		
1. The appointment date you wish to schedule for LTR Visa termination (dd-mm-yyyy) (Non-reschedulable)		
2. Please describe reason(s) of termination LTR Visa (Can choose more than 1 reason)		
<input type="checkbox"/> Resignation or termination of employment from the current Company		
<input type="checkbox"/> Changing from the current Company		
<input type="checkbox"/> Accompanying person of the main LTR Visa holder whose visa is terminated		
<input type="checkbox"/> Changing of visa type to _____		
<input type="checkbox"/> Failure to meet LTR Visa qualification		
<input type="checkbox"/> Others (Please specify) :		
<b>Part D : Details of Work Permit</b>		
1. Date of Work Permit termination (dd-mm-yyyy)		2. Please describe reason(s) of termination LTR Visa (Can choose more than 1 reason)
Company Name : _____		
Expiry Date : _____		
		<input type="checkbox"/> Resignation or termination of employment from the current Company
		<input type="checkbox"/> Changing from the current Company
		<input type="checkbox"/> Change of visa type to _____
		<input type="checkbox"/> Others (Please specify) :

**Required documents:**

- Copy of LTR Visa stamp.
- Copy of Work Permit.
- Termination letter of employment issued by the employer.

I hereby certify that the information and the evidence provided is true and complete in all respects. If there are any false statements which are considered perjury, I agree to be subjected to any applicable legal prosecution.

(Signature) \_\_\_\_\_ Applicant

(\_\_\_\_\_)

Date \_\_\_\_\_

(Signature) \_\_\_\_\_ Company's authorized person

(\_\_\_\_\_)

Date \_\_\_\_\_