

Department of Economic Development Rheynn Lhiasaghey Tarmaynagh

Form CFA9

Notification that the holder of an automatic work permit has ceased employment or self-employment

Control of Employment Act 2014

Please complete this form if you hold a Spouse, Civil Partner or Cohabiting partner permit (an automatic permit) and have ceased employment or self-employment. The form should be completed within 14 days of the employment or self-employment ceasing and returned to:

Work Permit Office, JobCentre, Nivison House, 31 Prospect Hill, Douglas, Isle of Man, IM1 1ET

Alternatively you can e-mail it to workpermits@gov.im

Your details																		
Title (Mr, Mrs, Ms, Miss, etc.)]														
Surname																		
First name(s)																		
Work Permit number																		
Name of employer																		
What date did you cease employment or self employment?									D	D	M	M	Υ	Υ	Υ	Υ		
Signature																		
Date	D [) M	M	Υ	Υ	Υ	Υ		ı									

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