

Department of Economic Development Rheynn Lhiasaghey Tarmaynagh

Notification from the holder of an automatic permit that the holder of the 'primary permit' has ceased employment

Form CEA8

Control of Employment Act 2014

Please complete this form if you have been granted a Spouse, Civil Partner or cohabiting partner permit (an automatic permit) based on your Spouse, Civil Partner or cohabiting partner being granted a work permit (the primary work permit), but he or she has now left their employment. The form should be completed within 14 days of the 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

Please complete in BLOCK CAPITALS and in black ink.

Details of primary work permit holder																				
Title (Mr, Mrs, Ms, Miss, etc.)]															
Surname																				
First names																				
Work permit number																				
Name of employer																				
What date did they cease en	nploy	ment	?										D	D	\mathbb{M}	\mathbb{N}	Y	Y	Y	Y
Your details (the holder	of th	e aut	toma	atic	pern	nit)														
Title (Mr, Mrs, Ms, Miss, etc.)																				
Surname																				
First names																				
Work Permit number																				
Signature																				
Date	D	D	\mathbb{N}	M	Y	Y	Y	Y	1											