



**MINISTRY OF FOREIGN AFFAIRS
AND IMMIGRATION**

GOVERNMENT OF THE COOK ISLANDS

Temporary Transfer

Foreign worker details.

Use CAPITAL LETTERING when completing application information

Surname: _____ Given names: _____

Temporary Employer details

Company/ Sponsor name: _____

Contact person: _____ Job title: _____

Email: _____

Contact No. _____ Address: _____

Declaration of understanding

We, _____ (Employer 1) and _____ (Employer 2) agree to allow,

_____ (Employee) to undertake, temporary employment as a

_____ (job role) from _____ (start date) to _____ (end date) at an hourly rate of

\$_____ for _____ hours each week. Acknowledging this temporary transfer is for only 3 months,

and that employment must cease by 30th June 2020.

Primary Employer signature _____

Secondary Employer signature _____

Date _____

Office use only

INTAFF letter sent: Yes / No

Date sent: _____

Status: _____

Date: _____

Sign: _____

Notes: