

REQUIREMENTS FOR CHANGE OF COMPANY NAME OF ACCREDITED FOREIGN RECRUITMENT AGENCY (FRA)

PAYMENT: 240.00HKD

Direction: Please submit the following requirements according to the list. Make sure that each document is properly and completely accomplished. (example: name & signature of witnesses; date & place of signing; all signature of owner should be with agency chop).

PART A: Please submit the following:

1. Letter request addressed to the Labor Attache informing about the change of new company name of the Hong Kong agency
2. HK ID of the Owner/s or licensee/s with recent one (1) 2x2 photograph
3. New License bearing the new name of the agency (3 copies)
4. New Business Registration bearing the new name Of the agency (3 copies)
5. Declaration of Assumption of Liability (1 original; 2 photocopies)

CONSULATE REMARKS

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PART B: Please COMPLETELY FILL OUT THE FOLLOWING:

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| NAME OF NEW HONG KONG AGENCY | |
| HK ID OF THE LICENSE HOLDER | |
| CONTACT NUMBERS | |
| HK AGENCY OFFICE ADDRESS | |
| TELEPHONE NUMBER | |
| EMAIL ADDRESS | |
| NAME OF EXISTING PHILIPPINE PARTNER AGENCY | |

(AGENCY LETTER HEAD)

(address)

(address)

(E-mail)

(Telephone Number)

(Fax Number)

(Date)

DECLARATION OF ASSUMPTION OF LIABILITY

I, *(name of license holder)*, with Hong Kong Identity Card *(number)*, of legal age, and principal of *(name of old Hong Kong Agency)* with office address *(full address)*, hereby states that, I am the registered license holder of *(name of the change Hong Kong Agency)* with Business Registration *(number)* and Labour Department License *(number)*.

I further declare that *(name of the change company)*, agrees to assume full responsibility for the follow up of placements and will also be answerable for and resolve any complaints of deployed Overseas Filipino Workers in Hong Kong during and after the period of our registration.

IN WITNESS WHEREOF, I have hereunto signed my name and affix my signature on *(date of signing)* at *(place/ address of signing)*.

(SIGNATURE OVER PRINTED NAME,
POSITION and AGENCY CHOP)

Witnesses:

(Signature over printed name)

(Signature over printed name)