**Staff Details: BOI Registered Enterprises Annex A**

**NOTE:** The company MD/CEO/COO or Head of HR must sign off this document undertaking that the information is correct - information provided is the responsibility of the company.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name of the Company (Please specify BOI Section 16/17) | |  | | | | | | | |
|  | Location of Head Office  (Address & District) | |  | | | | | | | |
|  | Location of the premises  (Address & District)  Produce separate letter for each factory as needed) | |  | | | | | | | |
|  | DS Division of the Premises | |  | | | | | | | |
| **5.** | GN Division | |  | | | | | | | |
|  | Name of the relevant Police Station | |  | | | | | | | |
|  | Business Activity | |  | | | | | | | |
|  | Full workforce strength (Total # of workers) | |  | | | | | | | |
|  | Request type | | Permission for the employees/Suppliers To cross restricted district and provincial borders. | | | | | | | |
|  | Details of staff who need recommendation letters | | | | | | | | | |
|  | # | **Name of employee** | | **Role of employee**  **(Driver, etc.)** | **NIC Number** | **Vehicle Number** | | **Travel details** | | **Police Area/GN Division of Factory** |
| **1** |  | |  |  |  | | **From** | **To** |  |
| **2** |  | |  |  |  | |  |  |  |
| **3** |  | |  |  |  | |  |  |  |
| **4** |  | |  |  |  | |  |  |  |
| **5** |  | |  |  |  | |  |  |  |
| **6** |  | |  |  |  | |  |  |  |
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