ÚTLENDINGASTOVAN
IMMIGRATION OFFICE

Termination of Employment & Residence Permit

Employee:

Full name: _____

Date of birth (day, month, year): _____

Civil registration number (p-tal): _____

Nationality: _____ Case number (if known): _____

Employer (the company):

Name of employer: _____

Company name: _____ VAT reg. nr. (v-tal): _____

Phone: _____ Email: _____

Declaration of termination of employment

We, the undersigned employee and employer, hereby confirm that the employment relationship between the parties has ended.

Last working day: _____

The employer confirms that the employee is no longer working for the company.

Choice concerning the residence permit

Please select **one** of the following options:

☐ I request revocation of my residence permit

I, the undersigned employee, confirm that my employment with the company has ended, and I request the Faroese Immigration Office to revoke my residence permit pursuant to § 19.

OR

☐ I am giving up my residency in the Faroe Islands

I, the undersigned employee, confirm that I am giving up my residency in the Faroe Islands and that I do not intend to return to the Faroe Islands for the purpose of residing here. I am aware that my residence permit will lapse pursuant to § 17 upon my departure from the Faroe Islands.

Date of departure from the Faroe Islands: _____

_____	_____	_____
Date	Signature (employee name)	Signature (employer name)