



**MINISTRY OF LABOUR AND HOME AFFAIRS  
DEPARTMENT OF EMPLOYMENT SERVICES  
APPLICATION FOR REINSTATEMENT**

**FULL NAMES:** ..... **ID NO:** .....

**TELEPHONE/CELL NO:** ..... **DATE OF APPLICATION:** .....

Previous Host Organisation	Enrolment Date	Date of Exit	List of supporting documents)	New Host Organisation

**NB: Please attach the necessary supporting documents**

**Signature of Applicant** .....

**DES Office Decision:** Approved  Rejected

**Officer's Name**.....

**Officer's Signature**.....

Official stamp

