## APPLICATION FOR RETURN OF WORK PERMIT

NAME OF COMPANYNaresuan University									
ADDRESS99 Moo 9 Thambon Thapho, Muang, Phitsanulok 65000 Thailand									
NAME OF APPLICANT	SEX	NATIONALITY	WORK PERMIT			DATE OF	POSITION	REMARK	
			NUMBER	ISSUED DATE	ISSUED PLACE	STOP WORKING	OF WORK	KEMAKK	

HEREBY CERTIFY THAT THE ABOVE STATEMENT ARE TRUE IN EVERY RESPECT

SIGNED	APPLICANT
(	)