



Request for Support Letter for Critical Skills Employment  
Permit Holders seeking a 'Stamp 4'

GNIB No.

Part One Employment Permit Holder Details

1. First Name:	BLNAVEENITALS	2. Middle Name:	BLOCK CAPITALS													
3. Last Name:	BANAGANITALS	4. Date of Birth:	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y							
D	D	M	M	Y	Y											
5. PPS Number:	<table><tr><td>2</td><td>2</td><td>2</td><td>6</td><td>6</td><td>0</td><td>8</td><td>F</td><td>A</td></tr></table>	2	2	2	6	6	0	8	F	A	6. Male:	<table><tr><td>X</td></tr></table>	X	7. Female:	<table><tr><td></td></tr></table>	
2	2	2	6	6	0	8	F	A								
X																
8. Nationality:	INDIAN															
9. Name of Employer:	ERNST & YOUNG S															
10. Critical Skills Employment Permit Application ID Number:	EP- JYM104/21															
11. Expiry Date of Critical Skills Employment Permit*:	<table><tr><td>1</td><td>1</td><td>0</td><td>2</td><td>2</td><td>4</td></tr></table>					1	1	0	2	2	4					
1	1	0	2	2	4											
* Requests can be submitted up to 12 weeks before the expiry date. Requests received more than 12 weeks before permit expiry date will be returned to the applicant.																
12. Current Address of Employment Permit Holder (must be the address at which they are currently residing in the State):																
Address 1:	2 SLI NA SRUTHAN BLOCK CAPITALS															
Address 2:	CLYBAUN ROAD BLOCK CAPITALS															
Town:	GALWAY BLOCK CAPITALS															
County:	GALWAY BLOCK CAPITALS															
13. Telephone No.:		14. Mobile Phone No.:	+353899529291													
15. E-mail address:	NAVEENBANAGANI@GMAIL.COM															
Signature of Employment Permit Holder: (Original signature required)				Title:	MR											

Part Two Requirements for Supporting Documentation

Please attach the following documentation:

- ☐ A letter from the Employment Permit holder's employer, dated within the last 3 months, confirming the Critical Skills Employment Permit holder's employment with that employer, job title and date of commencement of employment,
- ☐ Copies of 3 recent payslips issued to the holder of the Employment Permit dated within the last 4 months
- ☐ Copies of Employment Detail Summaries issued to the holder of the Employment Permit for each year of employment covering the duration of the Critical Skills Employment Permit, available on [www.revenue.ie/myaccount](http://www.revenue.ie/myaccount).

Part Three Return Address

Please return this form and all supporting documentation to:

EPSTAMP4@ENTERPRISE.GOV.IE