

Ministry of Interior  
of Population Immigration  
and Border Authority



משרד הפנים  
רשות האוכלוסין, ההגירה  
ומעברי הגבול  
אגף מת"ש



מדינת ישראל  
State Of Israel



**הצהרה של עובד זר המבקש להירשם בלשכה (רשום ראשוני)  
ענף הסיעוד**

**Declaration of Foreign Worker Concerning Registration in Recruitment Agency**

**פרטי העובד**  
Worker's Details

NAME \_\_\_\_\_ : שם העובד  
PASSPORT NO \_\_\_\_\_ : מספר דרכון  
MOBILE \_\_\_\_\_ : מספר פלאפון  
ADRESS \_\_\_\_\_ : כתובת

**פרטי הלשכה**

אגם עובדים זרים לסיעוד בע"מ : שם הלשכה |  
216095545 : סמל מעסיק |  
513978841 : ח.פ. |

I the undersigned, \_\_\_\_\_ Passport Country \_\_\_\_\_  
Passport Number \_\_\_\_\_ hereby declare that I agree to be  
registered by the Recruitment Agency (name)  
\_\_\_\_\_.

**I understand that new Israeli regulations require that I be registered at all times  
in the offices of a Licensed Recruitment Agency which will register me in the  
Migration Authority Registry.**

**I understand that if I change employers or leave my employer, I must notify the  
Recruitment Agency of the change, so that the Company can notify the  
Migration Authority of the change.**

I understand that I am free to change the Agency in which I am registered, at any time, on condition that I register with another Agency.

Alternately, if I leave my present Agency and I am not registered in another Agency I may register directly with the government

הכוונה פה לשלים פרטים לגבי המאגר—בינתיים אין לנו פרטים אז אולי יש למחוק או לברר מול יוסי

I understand that I may not work for any employer while I am registered in the Government Pool, and that I may only work while registered in a registered A עקמנט and only for the employer set out in the Certificate of Placement signed by the Agency.

I understand that if I leave my employer without notifying Agency or if I leave the Agency without registering in another Agency I will lose my legal status in Israel, and may be deported.

I understand that the Agency in which I am registered must give me a Certificate of Placement signed by the company, stating the name of my employer, and that if I wish to change employers or agencies I must receive a similar letter concerning the new employer of from the new agency.

I understand that in the case that my employment is stopped, the Agency in which I am registered is responsible for finding me another employer. In cases in which I unreasonably refuse employment or unreasonably leave an employer, or if I violate my employment contract or the conditions of my visa this responsibility may be cancelled.

I understand that the Recruitment Agency may not charge me any sum of money whatsoever for registration or for sending me to an employer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Witness to signature: \_\_\_\_\_

הצהרת מנכ"ל לשכה פרטית:

הנני מצהיר כי העובד הזר \_\_\_\_\_ דרכון מספר \_\_\_\_\_ חתם על  
הצהרה הנ"ל בפני לאחר שהבין את תוכן הדברים. כמו כן הנני מצהיר כי הבאתי העתק צילומי  
של טופס זה לידי העובד.

\_\_\_\_\_  
חתימה

\_\_\_\_\_  
תאריך