



MINISTRY OF
MANPOWER

Authorisation Form for Foreign Domestic Worker Work Pass Transactions

This authorisation letter shall only be valid for 14 days from the date of employer's authorisation, and only applies to the application / renewal / transfer / cancellation of the foreign domestic worker(s) listed below. To ensure proper authorisation, employers are to indicate **NA** for rows that are not filled.

*The softcopy of this form contains macros and can only be used with MS Word 2007 version or later. Please print out the PDF version and fill it in hardcopy if you do not have the required software.

Declaration by Employer

| | | | |
|--|--|-------------------------|------------------------|
| Employer Name | Loh Song Fatt | | |
| NRIC No./ FIN | S1293675C | | |
| Contact No. | 93887135 | | |
| Signature and Date |  29/03/2020 | | |
| S/N | Name of Foreign Domestic Worker(s) | Passport / FIN / WP No. | Authorised Transaction |
| 1 | Phyu Hnin Wai | 094530598 | Transfer |
| 2 | | | |
| <input checked="" type="checkbox"/> I hereby declare that I am authorising _____ (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf. | | | |
| <i>Fill in only if applicable.</i> | | | |
| <input type="checkbox"/> I hereby authorise _____ (Full name as in NRIC/Passport), _____ (NRIC/Passport No.), to submit this authorisation form on my behalf. A copy of the representative's NRIC/Passport is enclosed with this authorisation form. | | | |



Declaration by EA

| | |
|---|------------------------------------|
| <input checked="" type="checkbox"/> I have spoken to and verified with employer to confirm his / her authorisation. | |
| <input type="checkbox"/> I have spoken to and verified with employer that the person submitting this form to the EA is authorised to do so on behalf of the employer. | |
| <input checked="" type="checkbox"/> I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions. | |
| <input checked="" type="checkbox"/> I declare that the information provided on this form is true and correct. | |
| Name of EA personnel | |
| Registration No. | Farahizah Binte Haniff B1100472 |
| Signature and Date | 28 MAR 2020 |

HELPER'S NAME
PHYU HNIN WAI

FIN
G8765618M

WPNO
0 94530598

DATE OF APPLICATION
13 FEB 2020

WORK PERMIT EXPIRY DATE
02 MAR 2022

DATE OF BIRTH
27 OCT 1983

GENDER
FEMALE

NATIONALITY
MYANMAR

PASSPORT NO.
MD780690

PASSPORT EXPIRY DATE
06 DEC 2023

OCCUPATION
FOREIGN DOMESTIC WORKER

EMPLOYER'S NAME
LOH SONG FATT



Work Pass Division
Ministry of Manpower
18 Havelock Road
Singapore 059764
Telephone : (65) 64385122
Website : <http://www.mom.gov.sg>
Email : mom_wpd@mom.gov.sg

EMPLOYMENT HISTORY OF WORK PERMIT HOLDER

Date printed : 29/03/2020
Employment Agency : UNITED CHANNEL SERVICES PTE. LTD. (11C4954)

Worker Details

WP No. : 0 94530598
Name of Worker : PHYU HNIN WAI
DOB of Worker : 27/10/1983
Sex : FEMALE
Worker's FIN : G8765618M
Passport No. : MD780690
Nationality/Citizenship : MYANMAR

Employment History

Results Found : 2

| Employer | Period of Employment | | Industry |
|------------|----------------------|------------|-------------------|
| | Start Date | End Date | |
| Employer 2 | 04/03/2020 | | General Household |
| Employer 1 | 25/01/2019 | 04/03/2020 | General Household |

No person shall in any way make any additions, modifications, adjustments or alterations to the information, or further disclose the information to any other person(s) unless required by the Ministry of Manpower.



Ag quan 45m
Name of Employer
29 MAR 2020
Date
Sign