

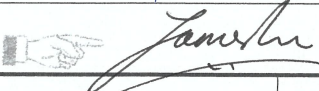


Authorisation Form for Foreign Domestic Worker Work Pass Transactions

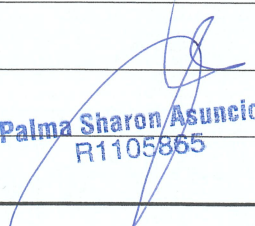
This authorisation letter shall only be valid for 14 days from the date of employer's authorisation, and only applies to the application / renewal / transfer / cancellation of the foreign domestic worker(s) listed below. To ensure proper authorisation, employers are to indicate **NA** for rows that are 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	Lim Boon Tiong James		
NRIC No./ FIN	S7116085J		
Contact No.	97417707		
Signature and Date	 27 FEB 2019		
S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	Modriaga Emily Corpuz	O 27955614	APPLY
2			
<input checked="" type="checkbox"/> I hereby declare that I am authorising <u>United Channel Employment Agency Pte Ltd</u> (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf. <small>865 Mountbatten Road #01-22/23/24/25 Katong Shopping Centre Singapore 43004 Tel: 6344 8807 Fax: 6345 0806 Email: unitedes@singnet.com</small>			
<p>Fill in only if applicable.</p> <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 checked="" 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.	Palma Sharon Asuncion R1105865
Signature and Date	 27 FEB 2019