

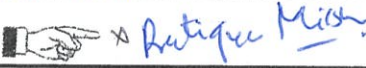


Authorisation Form for Foreign Domestic Worker Work Pass Transactions

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	Pratigya Mishra		
NRIC No. / FIN	S8482364C		
Contact No.	8113-9490		
Signature and Date			
S/N	Name of Foreign Domestic Worker(s)	Passport / <u>FIN</u> / WP No.	Authorised Transaction
1	Sacosta Mary Ann Dorcuiz	68791491M	APPLY
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.			
Fill in only if applicable.			
<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 type="checkbox"/> I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions.	
<input type="checkbox"/> I declare that the information provided on this form is true and correct.	
Name of EA personnel	
Registration No.	Palma Sharon Asuncion 6110-865
Signature and Date	