




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	YIO ENG YANG
NRIC No./ FIN	S1573605D
Contact No.	97695146
Signature and Date	

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	MAI THU ZAR AUNG	G2724753P	APPLICATION
2			

☒ I hereby declare that I am authorising UNITED CHANNEL SERVICES PTE LTD (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf.

Fill in only if applicable.

☒ 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

- ☒ I have spoken to and verified with employer to confirm his / her authorisation.
- ☒ 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.
- ☒ I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions.
- ☒ I declare that the information provided on this form is true and correct.

Name of EA personnel	Farahizah Binte Shariff
Registration No.	R1100472
Signature and Date	

FORM 18
IMMIGRATION ACT
(CHAPTER 133)
IMMIGRATION REGULATIONS
SPECIAL PASS
REGULATION 15(3)

AG130406
WP No. : 0 93721314
DOA : 25/09/2015
SB No. : 201910070176
SB EXPIRY : 06/12/2021
FIN : G2724753P

To: MAI THU ZAR AUNG



Holder of MYANMAR Passport No. MB311670 Sex / DOB: F / 01/08/1986 G2724753PX
Issued at _____ on _____

You are hereby permitted to remain in Singapore till 14/04/2020 from the date of issue hereof for the purpose of Re-application of Work Permit.

JOO MOK KWONG
409 HOUGANG AVENUE 10 #09-1040 SINGAPORE 530409
Tel No. :
EA Tel No. : 63448807



Special Pass Issue Date: 12/03/2020
Special Pass Extend Date: 24/03/2020
Special Pass Expiry Date: 14/04/2020



09372131425092015
935 - 29/02/2020

CHOW CHOON YEN
for Controller Of Immigration
Singapore

*Delete whichever is inapplicable

Note: Please surrender this pass to the Immigration Duty Officer's counter at the time of departure.




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Declaration by Employer

Employer Name	YIO HENG NGO
NRIC No. / FIN	S0208488J
Contact No.	97695146
Signature and Date	 (next of kin)

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	MAI THU ZAR AUNG	G2724753P	TRANSFER
2			

☒ I hereby declare that I am authorising UNITED CHANNEL SERVICES PTE LTD (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf.

Fill in only if applicable.

☒ 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

- ☒ I have spoken to and verified with employer to confirm his / her authorisation.
- ☒ 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.
- ☒ I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions.
- ☒ I declare that the information provided on this form is true and correct.

Name of EA personnel	
Registration No.	Farahizah Binte Sha. Ili R1100472
Signature and Date	



REPUBLIC OF SINGAPORE
CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

310364A

DECEASED	Death registered at FORENSIC MEDICINE DIV, HEALTH SCIENCES AUTHORITY					
	Full name of deceased JOO MOK KWONG					
	NRIC/Identification Document No.	S0710881H	Sex	FEMALE		
	Race/Dialect Group	CHINESE/HAINANESE	Nationality	SINGAPORE CITIZEN		
	Home Address	APT BLK 409 HOUGANG AVENUE 10 #09-1040 SINGAPORE 530409		Date and hour of death 22/01/2020 1850		
	Place or Address where death occurred SENGKANG GENERAL HOSPITAL		Approximate interval between onset and death			
CAUSE OF DEATH BY CERTIFIER	I (a) ISCHAEMIC HEART DISEASE		Years	Months	Days	Hours
	Disease or Condition leading to death					
	(b)					
	Antecedent Causes					
	(c)					
II Other Significant conditions						
Name and official status of person certifying cause of death DR PAUL CHUI, SNR CON FORENSIC PATHOLOGIST				Certificate of Cause of Death Reference No.: 20000263CR Date: 23/01/2020		
INFORMANT	Name YIO HENG NGO		I certify that the above information given by me is correct.			
	Address APT BLK 409 HOUGANG AVENUE 10 #12-1040 SINGAPORE 530409		Yio 23 JAN 2020			
	NRIC/Identification Document No. S0208488J		Informant's Signature/ Date			
	Relationship DAUGHTER		Thumb impression			
REGISTRATION OFFICER	Name of Registration Officer HASLINA BT M YUNOS Designation REGISTRATION OFFICER Date 23/01/2020		for Registrar of Births and Deaths			

DISPOSITION	PERMIT TO BURY/CREMATE BODY [The Environment Public Health Act (Chapter 95)]	
	Place of Burial or Place of Cremation MANDAI CREMATORIUM	Religious type BUDDHIST
INFORMANT MAKING APPLICATION	I YIO HENG NGO NRIC/Identification Document No S0208488J apply for a permit to <input type="checkbox"/> bury + <input checked="" type="checkbox"/> cremate + 310364A the deceased referred to in the Death Certificate No. <u>For application to cremate only</u> <input checked="" type="checkbox"/> I certify that to the best of my knowledge, the deceased has no written direction that he/she should not be cremated +	Yio 23 JAN 2020 Informant's Signature/ Date Thumb impression
	The Certificate of Cause of Death certified that there is <input type="checkbox"/> No evidence of pacemaker in the body of the deceased + <input type="checkbox"/> Evidence of pacemaker/device removed from the body of the deceased + Permit is approved. 23 JAN 2020 Date	for Commissioner of Public Health



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer/Location
JOO MOK KWONG
409 HOUGANG AVENUE 10 #09-1040 S(530409)



Name
MAI THU ZAR AUNG
Work Permit No.
6 93721314
Sector
DOMESTIC



K1787289

VISIT PASS
Immigration Regulations

24-09-2019

Name
MAI THU ZAR AUNG



FIN
G2724753P
Date of Birth
01-08-1986
Sex
F
Nationality
MYANMAR

Download SGWorkPass
App to check status



MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

