



CERTIFICATE OF ATTENDANCE

It is hereby certified that

SNG EILEEN NEE OOI GAIK IM

has attended an e-Learning Course on

Foreign Domestic Worker Employers' Orientation

Programme (FDW-EOP)

and completed the course on 20 Nov 2019



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 : 23/12/2019
Employment Agency : UNITED CHANNEL SERVICES PTE. LTD. (11C4954)

Worker Details

WP No. : 0 94121361
Name of Worker : SANING HTANG SAR
DOB of Worker : 23/03/1993
Sex : FEMALE
Worker's FIN : G8516679X
Passport No. : MC175479
Nationality : MYANMAR

Employment History

Results Found : 2

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 2	15/07/2017		General Household
Employer 1	18/06/2017	15/07/2017	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.

.....
Name of Employer

.....
Date

.....
Sign

Date: 23 DEC 2019

To:

Work Permit Department
Ministry Of Manpower
18 Havelock Road
Singapore 059764

Dear Sir / Madam

CONSENT TO TRANSFER FOREIGN DOMESTIC WORKER

FOREIGN DOMESTIC WORKER

SANING HTANG SAR

WORK PERMIT

094121361

DATE OF APPLICATION

I, TEO BOON ENG of NRIC / Passport No SXXXXX704 B
(Name of Current Employer)

Agree to release my Foreign Domestic Worker named above to the prospective employer

(Name of Prospective Employer)

Pending the outcome of the application, I undertake all responsibilities for the employment of the said Foreign Domestic Worker and will extend her work permit (if necessary).

If the application is not approved, I will repatriate this worker.

TEO

Signature of Current Employer




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	TEO BOOK ENG
NRIC No. / FIN	SXXXX 704 B
Contact No.	8588 2899
Signature and Date	 TEO

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	SANING HTANG SAR	094121361	Transfer
2			

☒ 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.

☐ 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.	
Signature and Date	