

Date: _____

To:
Work Permit Department
Ministry Of Manpower
18 Havelock Road
Singapore 059764

Dear Sir / Madam

CONSENT TO TRANSFER FOREIGN DOMESTIC WORKER

FOREIGN DOMESTIC WORKER

RAM TANON

WORK PERMIT

094295351

DATE OF APPLICATION

I, WOO YIN PENG of NRIC / Passport No S166420316
(Name of Current Employer)

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

PECK SOO ENG

(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.



Signature of Current Employer



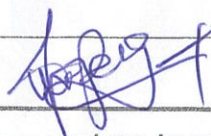
MINISTRY OF
MANPOWER

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	WOO YIN PENG
NRIC No. / FIN	51664203/G
Contact No.	90883655
Signature and Date	

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	RAM TAWON	MD 003430	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	 Soh Geok Sian R1100683
Registration No.	
Signature and Date	

Worker Details

WP No. : 0 94295351
Name of Worker : RAM TAWON
DOB of Worker : 12/08/1994
Sex : FEMALE
Worker's FIN : G8626586P
Passport No. : MD003430
Nationality : MYANMAR

Employment History

Results Found : 2

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 2	28/08/2018		General Household
Employer 1	13/03/2018	28/08/2018	General Household

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[Enquire Another Worker](#)

[Print Employment History](#)

.....
Name of Employer

.....
Date

.....
Sign



Your application is successful.

The following employer's application for exemption of FDW EOP is approved. Please keep the documents as listed in the MOM Webpage for at least 3 months for MOM's verification.

Reference No.	EEOP-2019-12-02-3674
Employer's Name	PECK SOO ENG
Employer's Identification No.	S0240987I
Exemption Reason	Employer is 60 years of age or more and suffers physical discomfort
Exemption Date	02/12/2019
Status of Representative	WONG JOO WAN (S6909185G) is/was a FDW Employer