

## 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

: 23/06/2019

**Employment Agency** 

: UNITED CHANNEL EMPLOYMENT AGENCY PTE. LT (07C4306)

## **Worker Details**

WP No.

: 0 09411992

Name of Worker

: DEWI PURNAMASARI

DOB of Worker

: 20/01/1994

Sex

: FEMALE

Worker's FIN

: G8673227R

Passport No.

: AU140533

Nationality

: INDONESIAN

**Employment History** 

Results Found: 1							
Employer	F	Period of Employment					
	Start Date	End Date					
Employer 1	22/06/2018		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.



## REPUBLIC OF SINGAPORE CERTIFICATE OF REGISTRATION OF DEATH

297262Z

	Death registered at MARINE PARADE NEIGHBOURHOOD POLICE CENTRE, S'PORE									
	Full name of deceased CHUA S	IEW YIM								
DECEASED	NRIC/Identification Document No.	S0468847C	Sex FEMA	LE	Date of b	irth	09/05/192	7		
	Race/Dialect Group CHINESE/TEOCHEW Nationality SINGAPORE CITIZEN				Country/Place of birth SINGAPORE					
	Home Address APT BLK 11 EUNOS CRESCENT #12-2757 SINGAPORE 400011					Date and hour of death 15/06/2019 0915				
	Place or Address where death occurred						Approximate interval between onset and death			
	APT BLK 11 EUNOS CRESCENT #12-2757 SINGAPORE 400011					Months	Days	Hours		
	I (a) SEPTICAL Disease or Condition leading to death	AEMIA DUE TO STREPTOCOCCUS PNI	EUMONIAE			1				
	(b)									
	Antecedent Causes									
CAUSE OF DEATH BY CERTIFIER										
	(c)									
	П									
	Other Significant conditions									
	Name and official status of person certifying cause of death DR KWAN YANN HAUR SEBASTIAN, MEDICAL PRACTITIONER				Certificate of Cause of Death Reference No.: COD-2019-NA-004655 Date: 15/06/2019					
INFORMANT	Name TAY RUHONG			I certify that the	above info	ormation gi	ven by nie	is correct.		
	Address 8B JALAN KATHI SINGAPORE 468660			] %			15/6	119		
	NRIC/Identification Document No.	S9248937Z		Informant's Sig				Date		
	Relationship GRANDSON Waring Farage Thumb impress									
REGISTRATION	Designation F	LEE CHOON WEE REGISTRATION OFFICER 15/06/2019	No. 300 Marine Par Singapore 449 Tel: 1800-4428	ade Roac	Births and	Deaths				
RE RE										

Date: <u>24-06-2019</u>	
To:	
Work Permit Department	
Minstry Of Manpower	
18 Havelock Road	
Singapore 059764	
Dear Sir / Madam	
CONSENT TO TRANSFER FOREIGN	N DOMESTIC WORKER
FOREIGN DOMESTIC WORKER	DEWI PURNAMASARI
WORK PERMIT	0 09411992
DATE OF APPLICATION	
I, CHUA SIEW JIM of NR (Name of Current Employer)	RIC / Passport No S 0468847C
Agree to release my Foreign Domestic Wor	ker named above to the prospective employer
(Name of Prospective Employer)	
Pending the outcome of the application, I un of the said Foreign Domestic Worker and wil	dertake all responsibilities for the employment I extend her work permit ( if necessary ).
If the application is not approved, I will repat	triate this worker.
Signature of Current Employer	