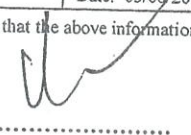


REPUBLIC OF SINGAPORE  
**CERTIFICATE OF REGISTRATION OF DEATH**

DEATH REGISTRATION NO

**296616F**

DECEASED	Death registered at TAN TOCK SENG HOSPITAL PTE LTD, SINGAPORE					
	Full name of deceased TAN KIOK FUNG					
	NRIC/Identification Document No. S0790168B	Sex MALE	Date of birth 00/00/1924			
	Race/Dialect Group CHINESE/TEOCHEW	Nationality SINGAPORE CITIZEN	Country/Place of birth CHINA			
	Home Address APT BLK 25 TOA PAYOH EAST #05-132 SINGAPORE 310025		Date and hour of death 03/06/2019 1635			
	Place or Address where death occurred TAN TOCK SENG HOSPITAL PTE LTD		Approximate interval between onset and death			
CAUSE OF DEATH BY CERTIFIER	I (a) PNEUMONIA, UNSPECIFIED		Years	Months	Days	Hours
	Disease or Condition leading to death				5	
(b)						
Antecedent Causes						
(c)						
II Other Significant conditions						
CEREBROVASCULAR DISEASE, UNSPECIFIED						
Name and official status of person certifying cause of death DR SHIANE LIM SHI YIN, MEDICAL PRACTITIONER		Certificate of Cause of Death Reference No.: COD-2019-TQ-004282 Date: 03/06/2019				
INFORMANT	Name TAN PECK TOI		I certify that the above information given by me is correct.   Informant's Signature/Thumb impression Date: 2/6/19			
	Address APT BLK 323 JURONG EAST STREET 31 #10-202 SINGAPORE 600323					
	NRIC/Identification Document No. S1332277E					
	Relationship DAUGHTER					
REGISTRATION OFFICER	Name of Registration Officer RAHIMA BINTE SAFIEE		for Registrar of Births and Deaths			
	Designation REGISTRATION OFFICER					
	Date 03/06/2019					

DISPOSITION	<b>PERMIT TO BURY/CREMATE BODY [The Environment Public Health Act (Chapter 95)]</b>				
	Place of Burial or Place of Cremation MANDAI CREMATORIUM	Religious type TAOIST			
INFORMANT MAKING APPLICATION	I TAN PECK TOI		Informant's Signature/Thumb impression Date: 3/6/19		
	NRIC/Identification Document No S1332277E apply for a permit to <input type="checkbox"/> bury + <input checked="" type="checkbox"/> cremate + the deceased referred to in the Death Certificate No. <b>296616F</b> For application to cremate only <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 +				
REGISTRATION OFFICER	The Certificate of Cause of Death certified that there is <input checked="" 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.		for Commissioner of Public Health		
	Date: 3/6/19				

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 SRI HARTATI K

WORK PERMIT 0 09510494

DATE OF APPLICATION \_\_\_\_\_

I, TAN KIOK FUNG of NRIC / Passport No S0790168B  
(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.



\_\_\_\_\_  
Signature of Current Employer



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](mailto:mom_wpd@mom.gov.sg)

### EMPLOYMENT HISTORY OF WORK PERMIT HOLDER

Date printed : 19/08/2019  
Employment Agency : UNITED CHANNEL EMPLOYMENT AGENCY PTE. LT (07C4306)

#### Worker Details

WP No.	: 0 09510494
Name of Worker	: SRI HARTATIK
DOB of Worker	: 28/04/1973
Sex	: FEMALE
Worker's FIN	: G8733747U
Passport No.	: C0895179
Nationality	: INDONESIAN

#### Employment History

Results Found : 1

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 1	25/10/2018		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.

.....  
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.	<b>EEOP-2019-08-19-0404</b>
Employer's Name	<b>TAN SWEE HAW</b>
Employer's Identification No.	<b>S1049123A</b>
Exemption Reason	<b>Employer is 60 years of age or more and suffers physical discomfort</b>
Exemption Date	<b>19/08/2019</b>
Status of Representative	<b>TAN PECK TOI (S1332277E) has attended EOP</b>