

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

Mary Jane - Ar-Jay Abang De Quiroz

WORK PERMIT

0 27698395

DATE OF APPLICATION

I, Chan Sow Keng of NRIC / Passport No S0897850P  
(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

REPUBLIC OF SINGAPORE  
CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

286904G

DECEASED	Death registered at TELOK BLANGAH NEIGHBOURHOOD POLICE POST, SINGAPORE						
	Full name of deceased CHAN SOW KENG						
	NRIC/Identification Document No. S0897850F		Sex FEMALE	Date of birth 21/07/1939			
	Race/Dialect Group CHINESE/CANTONESE		Nationality SINGAPORE CITIZEN	Country/Place of birth SINGAPORE			
	Home Address APT BLK 45 TELOK BLANGAH DRIVE #07-139 SINGAPORE 100045			Date and hour of death 19/12/2018 1643			
	Place or Address where death occurred SINGAPORE GENERAL HOSPITAL PTE LTD			Approximate interval between onset and death			
CAUSE OF DEATH BY CERTIFIER	I (a) OTHER AND UNSPECIFIED T-CELL LYMPHOMAS			Years 1	Months 8	Days	Hours
	Disease or Condition leading to death						
	(b)						
	Antecedent Causes						
	(c)						
INFORMANT	II Other Significant conditions						
	Name and official status of person certifying cause of death DR LEE JIA LI, MEDICAL PRACTITIONER			Certificate of Cause of Death Reference No.: COD-2018-SG-008630 Date: 19/12/2018			
	Name LEONG WING WAH			I certify that the above information given by me is correct.			
	Address APT BLK 62 TELOK BLANGAH HEIGHTS #11-183 SINGAPORE 100062			Date 19/12/2018			
REGISTRATION OFFICER	NRIC/Identification Document No. S1479770Z			Informant's Signature/ Thumb impression			
	Relationship SON			Date			
	Name of Registration Officer WILSON TANG ZHI YU			for Registrar of Births and Deaths			
	Designation REGISTRATION OFFICER			Date 19/12/2018			

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 LEONG WING WAH	
	NRIC/Identification Document No S1479770Z apply for a permit to <input type="checkbox"/> bury + <input checked="" type="checkbox"/> cremate + the deceased referred to in the Death Certificate No. 286904G 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 +	Informant's Signature/ Thumb impression Date 19/12/2018
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. Date 19/12/2018	

## Worker Details

WP No.	:	0 27698395
Name of Worker	:	MARY JHANE-AR-JAY ABING DE QUIROZ
DOB of Worker	:	21/08/1982
Sex	:	FEMALE
Worker's FIN	:	G8591344T
Passport No.	:	P0946930A
Nationality	:	FILIPINO

## Employment History

Results Found : 1

Employer	Start Date	Period of Employment End Date	Industry
Employer 1	09/12/2017		General Household

.....  
Name of Employer

.....  
Date

.....  
Sign