

Work Pass Division Ministry of Manpower 18 Havelock Road

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EMPLOYMENT HISTORY OF WORK PERMIT HOLDER

Date printed

: 02/03/2019

Employment Agency

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

Worker Details

WP No.

: 0 27942806

Name of Worker

: SAREN IRENE LIBRADILLA

DOB of Worker

: 03/12/1986

Sex

: FEMALE

Worker's FIN

: G8762682U

Passport No.

: P4522414A

Nationality

: FILIPINO

Employment History

Period of Employment		Industry
Start Date	End Date	
15/01/2019		General Household
	Start Date	Start Date End Date

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





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 <u>NA</u> 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.

Dec	laration by Em	ployer				
	oyer Name	Lim Nei Ting Natalio	2			
	No./ FIN	S8232189E				
Cont	act No.	97434432				
Signa	ature and Date	*	-61			
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction		
1	REVE LIBRAG	PILLA STAREN	6 27942806	TRANSFER		
2						
	I hereby declare t	hat I am authorising <u>Unite</u>	d Channel Employment Agency Pu	(Name and		
licence no. of employment agency) to perform the batter of pass transpection(s) on my behalf.						
Fill in	only if applicable.	Kato	Tel: 6344 8807 Fax: 6345 0806			
	Email: unitedes@singnet.com					
	(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.					
vec	laration by EA					
	I have spoken to	and verified with employer	r to confirm his / her authoris	ation.		
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.						
			this form is true and correct.			
Nam	e of EA personne	Palma Shar	on Asuncian			
Regi	Registration No.					
Sign	ature and Date					

Date:	NOTATION AND ASSESSMENT OF THE PROPERTY OF THE
То:	
Work Permit Department	
Minstry Of Manpower	
18 Havelock Road	
Singapore 059764	
Dear Sir / Madam	
,	
CONSENT TO TRANSFER FO	REIGN DOMESTIC WORKER
FOREIGN DOMESTIC WORKER	IRENE LIBRADILLA SAREN
WORK PERMIT	0 21942806
DATE OF APPLICATION	
LIM MEI TING NATALLE	of NRIC / Passport No
(Name of Current Employer)	or mac / 1 assport no
Agrap to release my Egraian Domo	stic Worker named above to the prospective employer
ngice to release my roreign Dome	stic worker named above to the prospective employer
(Name of Prospective Employer)	
	tion, I undertake all responsibilities for the employment
of the said Foreign Domestic Worke	r and will extend her work permit (if necessary).

Signature of Current Employer

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