

Work Pass Division Ministry of Manpower

18 Havelock Road Singapore 059764

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EMPLOYMENT HISTORY OF WORK PERMIT HOLDER

Date printed

: 22/12/2018

Employment Agency

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

Worker Details

WP No.

: 0 93517288

Name of Worker

: THANDA TUN

DOB of Worker

: 29/09/1990

Sex

: FEMALE

Worker's FIN

: G2554001N

Passport No.

: MA786460

Nationality

: MYANMAR

Employment History

Results Found: 2							
Employer	Period of Employment		Industry				
	Start Date	End Date					
Employer 2	16/02/2017		General Household				
Employer 1	03/12/2014	11/11/2016	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.

Hua chie Nan Dorinda Name of Employer

Date

Sign

Date:						
To: Work Permit Department Minstry Of Manpower 18 Havelock Road Singapore 059764						
Dear Sir / Madam						
CONSENT TO TRANSFER FOREIGN DOMESTIC WORKER						
FOREIGN DOMESTIC WORKER Thanks Tun						
WORK PERMIT 0 93517288						
DATE OF APPLICATION						
1, Khoo Wel Wele of NRIC / Passport No S77712749 (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.						
Charles						
B. Carlotte						

Signature of Current Employer





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.

	Declaration by Employer							
	Emp	loyer Name	thoo wee wee					
	NRIC	No./ FIN	5 7771)744					
	Cont	act No.	S 77712746 9680/7269					
	Signa	ature and Date						
	S/N	oreign bomestic worker(s)		Passport / FIN / WP No.	Authorised Transaction			
	2	Thord	g Tun	0 93517288	Transfer			
	Thereby declare that I am authorising (No.							
		(Name and action(s) on my behalf.						
	<u>Fill in</u>	n only if applicable.		A OLI 316	, and a second			
	☐ 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.						
	Doc							
Declaration by EA								
-	Thave 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 Registration No. Palma Sharor Asoncion								
	Sign	ature and Date		R1105(25)	19 JAN 2019			