



Work Pass Division
Ministry of Manpower
18 Havelock Road
Singapore 059764
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EMPLOYMENT HISTORY OF WORK PERMIT HOLDER

Date printed : 04/11/2019
Employment Agency : UNITED CHANNEL EMPLOYMENT AGENCY PTE. LT (07C4306)

Worker Details

WP No. : 0 2801872-
Name of Worker : PALMA MARY GRACE ARES
DOB of Worker : 12/01/1975
Sex : FEMALE
Worker's FIN : G8818731N
Passport No. : P0361991A
Nationality : FILIPINO

Employment History

Results Found : 2

| Employer | Period of Employment | | Industry |
|------------|----------------------|------------|-------------------|
| | Start Date | End Date | |
| Employer 2 | 12/07/2019 | | General Household |
| Employer 1 | 11/05/2019 | 12/07/2019 | 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.

Ng Xing Zheng Cheyn
Name of Employer
Date Sign

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

Palma may Grace ACS

WORK PERMIT

280182 -

DATE OF APPLICATION

I, Chua SAY ENG of NRIC / Passport No S079061h
(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

X






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 **NA** 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

| | | | |
|--------------------|---|-------------------------|------------------------|
| Employer Name | Chua SAY ENG | | |
| NRIC No. / FIN | S 790621 h | | |
| Contact No. | 92372373 | | |
| Signature and Date |    | | |
| S/N | Name of Foreign Domestic Worker(s) | Passport / FIN / WP No. | Authorised Transaction |
| 1 | DALMA MARY GOMEZ AVEL | 0 2801872 | |
| 2 | | | |

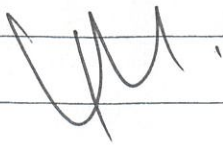
☐ I hereby declare that I am authorising _____ (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf.

Fill in only if applicable.

☐ 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.

Declaration by EA

- ☒ I have 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. | |
| Signature and Date | |