Worker Details

WP No. : 0 94482305

Name of Worker : PAN YAW

DOB of Worker : 28/02/1995

Sex : FEMALE

Worker's FIN : G8739057N

Passport No. : MD558202

Nationality : MYANMAR

Employment History

Employer	Pe	Industry	
	Start Date	End Date	
Employer 2	30/12/2018		General Household
Employer 1	13/11/2018	30/12/2018	General Household

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Name of Employer

Date





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.

Decl	aration by Em	ployer			
Emplo	oyer Name	Lau ming	Kieh a Low Ming	kieh	
NRIC No./ FIN		80107869J			
Conta	act No.		9170 2622		
Signa	ture and Date	1 Sul			
s/N	A	n Domestic Worker(s)	Passport / FIN /WP No.	Authorised Transaction	
1	Pau yo	9 W	0 94482305	Transfor/CRI	
2					
I hereby declare that I am authorising (Name and					
	licence no. of em	ployment agency) to perform	rm the above work pass trans	action(s) on my behalf.	
Fill in	n only if applicable.		1 20 19		
I hereby authorise(Full name as in NRIC/Passport),					
			s enclosed with this authorisa	ition form.	
Dec	claration by E	Α			
	I have spoken to	o and verified with employe	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.					
I declare that the information provided on this form is true and correct.					
Nai	me of EA personn				
Reg	gistration No.	Palma	Sharon Asuncion		
Sig	nature and Date		IV		

Date:	
To: Work Permit Department Minstry Of Manpower 18 Havelock Road	
Singapore 059764	
Dear Sir / Madam	
CONSENT TO TRANSFER FORE	IGN DOMESTIC WORKER
FOREIGN DOMESTIC WORKER	Pan yaw
WORK PERMIT	Pan yaw 6 944 82305
DATE OF APPLICATION	
Lau ming kich & Low MI 1,	ing Rieh of NRIC/Passport No
	Worker named above to the prospective employer
(Name of Prospective Employer)	
_	, I undertake all responsibilities for the employment d will extend her work permit (if necessary).
If the application is not approved, I will not approved.	repatriate this worker.
Signature of Current Employer	

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