

Your application is successful.

The following employer's application for exemption of FDW EOP is approved. Please keep the documents as listed in the MOM Webpage for at least 3 months for MOM's verification.

Reference No.

EEOP-2019-03-20-6983

Employer's Name

ZHAO FENG

Employer's Identification No.

G1082054K

Exemption Reason

Employer's spouse is/was an FDW employer

Exemption Date

20/03/2019

Status of Representative

BAO PENGWEI (G1085984R) is/was a FDW Employer

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 Chartreen Joy Sauler Valdez
WORK PERMIT 0 2752737 -
DATE OF APPLICATION
With the state of
1, PENG WE 13AO of NRIC / Passport No G108 5 98 4 R (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



Work Pass Division Ministry of Manpower

18 Havelock Road Singapore 059764 Telephone : (65) 64385122

Website : http://www.mom.gov.sg

Email : http://www.mom.gov.sg

EMPLOYMENT HISTORY OF WORK PERMIT HOLDER

Date printed

: 20/03/2019

Employment Agency

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

Worker Details

WP No.

: 0 2752737-

Name of Worker

: CHATREEN JOY SAULER VALDEZ

DOB of Worker

: 24/01/1989

Sex

: FEMALE

Worker's FIN

: G2952138M

Passport No.

: EC3112022

Nationality

: FILIPINO

Employment History

Employer Period of Employment		Industry
Start Date	End Date	
05/03/2018		General Household
13/10/2017	05/03/2018	General Household
11/03/2017	13/10/2017	General Household
	Start Date 05/03/2018 13/10/2017	Start Date End Date 05/03/2018 13/10/2017 05/03/2018

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