



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

Date printed : 18/03/2020  
Employment Agency : UNITED CHANNEL SERVICES PTE. LTD. (11C4954)

### Worker Details

WP No. : 0 09340548  
Name of Worker : SITI SOLIKHATUN  
DOB of Worker : 15/10/1994  
Sex : FEMALE  
Worker's FIN : G8628102W  
Passport No. : AU140768  
Nationality : INDONESIAN

### Employment History

Results Found : 2

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 2	10/09/2019		General Household
Employer 1	17/04/2018	23/07/2019	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.

Lim Yock NAM  
Name of Employer  
26 MAR 2020  
Date  
Sign



FDW's previous employer(s) before employing her.




MINISTRY OF  
MANPOWER

## 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	oh ong njua		
NRIC No. / FIN			
Contact No.	8500 6466		
Signature and Date	 Josephine		
S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1			transfer
2			

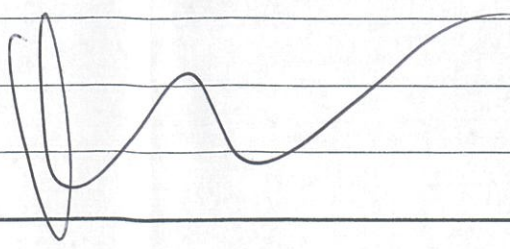
☐ I hereby declare that I am authorising \_\_\_\_\_ (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf.

*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	

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

\_\_\_\_\_

WORK PERMIT

\_\_\_\_\_

DATE OF APPLICATION

\_\_\_\_\_

I, \_\_\_\_\_ of NRIC / Passport No \_\_\_\_\_  
(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.

x. Josephine

\_\_\_\_\_  
Signature of Current Employer



REPUBLIC OF SINGAPORE  
CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

313225J

DECEASED	Death registered at NATIONAL UNIVERSITY HOSPITAL(S) PTE LTD, SINGAPORE					
	Full name of deceased OH ONG NGUA					
	NRIC/Identification Document No. S0962186E	Sex FEMALE	Date of birth 00/00/1932			
	Race/Dialect Group CHINESE/TEOCHEW	Nationality SINGAPORE CITIZEN	Country/Place of birth SINGAPORE			
	Home Address APT BLK 367 CLEMENTI AVENUE 2 #22-519 SINGAPORE 120367		Date and hour of death 10/03/2020 0826			
	Place or Address where death occurred NATIONAL UNIVERSITY HOSPITAL		Approximate interval between onset and death			
CAUSE OF DEATH BY CERTIFIER	I (a) CHOLANGITIS		Years	Months	Days	Hours
	Disease or Condition leading to death			7		
	(b)					
	Antecedent Causes					
	(c)					
	II Other Significant conditions					
Name and official status of person certifying cause of death DR LIM ZHEN YU, MEDICAL PRACTITIONER		Certificate of Cause of Death Reference No.: COD-2020-NU-002959 Date: 10/03/2020				
INFORMANT	Name HENG POH CHOONG		I certify that the above information given by me is correct.			
	Address APT BLK 671 WOODLANDS DRIVE 71 #10-41 SINGAPORE 730671		10 MAR 2020			
	NRIC/Identification Document No. S1511519Z		Informant's Signature/			
	Relationship SON		Thumb impression			
REGISTRATION OFFICER	Name of Registration Officer CHIA BEE LIAN		for Registrar of Births and Deaths			
	Designation REGISTRATION OFFICER					
	Date 10/03/2020					