



Work Pass Division  
Ministry of Manpower  
18 Havelock Road  
Singapore 059764  
Telephone : (65) 64385122  
Website : <http://www.mom.gov.sg>  
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## EMPLOYMENT HISTORY OF WORK PERMIT HOLDER

Date printed : 30/09/2019  
Employment Agency : UNITED CHANNEL EMPLOYMENT AGENCY PTE. LT (07C4306)

### Worker Details

WP No. : 0 94724678  
Name of Worker : NGUN THAWN  
DOB of Worker : 13/09/1986  
Sex : FEMALE  
Worker's FIN : G8873397K  
Passport No. : ME367276  
Nationality : MYANMAR

### Employment History

Results Found : 1

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 1	10/09/2019		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.

.....  
Name of Employer

.....  
Date

.....  
Sign

*Jan*

Date: 19-09-2019

To:

Work Permit Department  
Ministry Of Manpower  
18 Havelock Road  
Singapore 059764

Dear Sir / Madam

**CONSENT TO TRANSFER FOREIGN DOMESTIC WORKER**

FOREIGN DOMESTIC WORKER

NGUN THAWN

WORK PERMIT

094724678

DATE OF APPLICATION

I, YED ENG MAU of NRIC / Passport No S0050290A  
(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



## 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

YEO ENG MAN

NRIC No./ FIN

S6050290A

Contact No.

97873880

Signature and Date



19-09-2019

S/N

Name of Foreign Domestic Worker(s)

Passport / FIN / WP No.

Authorised Transaction

1

NGUN THAWN

ME 367276

Transfer

2

NA

NA

NA



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

Farahizah Binte Shariff

Registration No.

R1100472

Signature and Date

19-09-2019