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	NIANG DO MAN
WORK PERMIT	0 94625327
DATE OF APPLICATION	
1, Lin Sio Reng o	f NRIC / Passport No 7329 224 G
Agree to release my Foreign Domestic	Worker named above to the prospective employer
LOONG JUAT YAH	
(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. Lyill r	onatriate 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 / renewel / 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.

ale se types		7,000		
Dec	laration by Employ	er		
Empl	oyer Name	IM SI) Pen/	
NRIC	No./ FIN	73293	246 8282	
Cont	act No.	819	81282	
Signa	ture and Date	D W		
s/N	Name of Foreign Dome	estic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	WIAHG DO MAN		094625327	TRANSFER
2				
	I hereby declare that I a	m authorising		(Name and
	licence no. of employme	ent agency) to perfor	m the above work pass trans	action(s) on my behalf.
<u>Fill in</u>	only if applicable.			
	I hereby authorise		(Full name as	in NRIC/Passport),
		(NRIC/Passport N	o.), to submit this authorisat	ion form on my behalf. A
	copy of the representation	ve's NRIC/Passport is	enclosed with this authorisa	ition form.
Dec	laration by EA			
Dec	iaration by EA			
P	I have spoken to and ver	rified with employer	to confirm his / her authorisa	ation.
	I have spoken to and ve	rified with employer	that the person submitting t	his form to the EA is
/	authorised to do so on b	ehalf of the employe	r.	
	I declare that I have ens work pass transactions.	ured all necessary fie	elds are filled in prior to maki	ng the abovementioned
	declare that the inform	nation provided on th	nis form is true and correct.	
Nam	e of EA personnel	11		
Regis	stration No.		Soh Geok S R110068	
Signa	ature and Date	d		

Worker Details

WP No.

: 0 94625327

Name of Worker

: NIANG DO MAN

DOB of Worker

: 01/04/1984

Sex

: FEMALE

Worker's FIN

: G8822457X

Passport No.

: ME134148

Nationality

MYANMAR

Employment History

Employer	Pei	Industry	
	Start Date	End Date	
Employer 2	08/08/2019		General Household
Employer 1	16/05/2019	08/08/2019	General Household

Page 1

Back to Top Enquire Another Worker Print Employment History

LICA954 LICA954 LICA954 LICA954 CLICA954 CLICA95

Name of Employer

Date

Lury Just Yah





CERTIFICATE OF ATTENDANCE

It is hereby certified that

CHOO JEE TIN

has attended an e-Learning Course on

Foreign Domestic Worker Employers' Orientation
Programme (FDW-EOP)

and completed the course on 03 Sep 2019



This is a computer-generated certificate and no signature is required

Certificate No.: E1963277



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-2019-09-05-0844

Employer's Name

LOONG JUAT YAH

Employer's Identification No.

S2096245C

Exemption Reason

Employer is 60 years of age or more and suffers

physical discomfort

Exemption Date

05/09/2019

Status of Representative

CHOO JEE TIN (S1801811Z) has attended EOP