# WORK PASS DIVISION APPLICATION FOR AWORK PERMIT FOR A DOMESTIC WORKER PART IV – TO BE COMPLETED BY CURRENT EMPLOYER WHOSE DOMESTIC WORKER IS APPLYING FOR A CHANGE OF EMPLOYER

To: Work Pass Division Ministry of Manpower 18 Havelock Road Singapore 059764

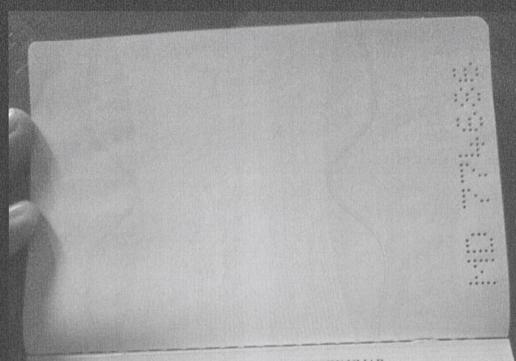
Dear Sir / Madam

CONSENT TO TRANSFER	DOMESTIC WORKER
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FOREIGN WORKER WORK PERMIT NO. DATE OF APPLICATION	: hain	hnin luin	
I, Mane of Current Employer)	Je	of IC / Passport No.	SOUND OF E
Agree to release my domestic	o worker name	ed above to the prospective	employer,
(Name of Prospective Employer)			

Pending the outcome of the application, I undertake all the responsibilities for the employment of the said domestic worker and will extend her work permit (if necessary). If the application is not approved and I do not wish to continue her employment, I will repatriate this worker.

SIGNATURE OF CURRENT EMPLOYER



## REPUBLIC OF THE UNION OF MYANMAR

PASSPORT

Турв PJ MMR

Name HNIN HNIN LWIN

Nationality

MYANMAR Date of birth

28 OCT 1993

Sex F

Date of issue

03 DEC 2018 Data of expiry

02 DEC 2023

Passport No

MD774686

Place of birth

BUTALIN

Authority

MOHA, BAGO

Holder's signature

LWins

PJMMRHNIN<HNIN<LWIN<<<<<<<< MD774686<1MMR9310287F2312020<<<<<<<<<



Work Pass Division Ministry of Manpower

18 Havelock Road Singapore 059764

Telephone: (65) 64385122

Website : http://www.mom.gov.sg Email : mom\_wpd@mom.gov.sg

### **EMPLOYMENT HISTORY OF WORK PERMIT HOLDER**

Date printed

: 26/01/2019

**Employment Agency** 

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

### **Worker Details**

WP No.

: 0 94507286

Name of Worker

: HNIN HNIN LWIN

DOB of Worker

: 28/10/1993

Sex

: FEMALE

Worker's FIN

: G8752358L

Passport No.

: MD774686

Nationality

: MYANMAR

### **Employment History**

Results Found : 1			
Employer	F	Period of Employment	
	Start Date	End Date	
Employer 1	15/01/2019		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

1 9 FFB 2019

Date Sign