REPUBLIC OF SINGAPORE

CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

297890C

DECEASED

Death registered at: MACPHERSON NEIGHBOURHOOD POLICE POST, SINGAPORE

Full name of deceased: NG SAY GUAT

NRIC/Identification Document No.: S0253250F	Sex: MALE	Date of birth: 30/01/1931	
Race/Dialect Group: CHINESE/HOKKIEN	Nationality: SINGAPORE CITIZEN	Country/Place of birth: CHINA	
Home Address: APT BLK 804 KING GEORGE'S AVENUE #04-168 SINGAPORE 200804		Date and hour of death: 26/06/2019 1010	
Place or Address where death occurred: APT BLK 804 KING GEORGE'S AVENUE #04-168 SINGAPORE 200804		Approximate interval between onset and death	

CAUSE OF DEATH BY CERTIFIER

	Years	Months	Days	Hours
I (a) END STAGE RENAL DISEASE Disease or Condition leading to death	2			
(b) Antecedent Causes				
(c)				
II Other Significant conditions				

Name and official status of person certifying cause of death: DR CHOO WEI CHIEH, MEDICAL PRACTITIONER

Certificate of Cause of Death
Reference No.: N393085
Date: 26/06/2019

INFORMANT

Name: NG BOON LEONG

Address: 4 PASIR RIS LINK #12-13 SINGAPORE 518160

NRIC/Identification Document No.: S1666405G

Relationship: SON

I certify that the above information given by me is correct.

Informant's Signature/ Thumb impression

Date: 26/6/2019

REGISTRATION OFFICER

Name of Registration Officer: DZULRAIHAN BIN KAMALUDIN

Designation: REGISTRATION OFFICER

Date: 26/06/2019

for Registrar of Births and Deaths

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	NG BOON SIN
NRIC No./ FIN	S1495796J
Contact No.	85691880
Signature and Date	25/7/2019

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	Yee Yee Win	0 9395704[illegible]	CXL WP
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.

UNITED CHANNEL EMPLOYMENT AGENCY PTE LTD Lic. No. 07C4306

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	Nang May Oo
Registration No.	R1100634
Signature and Date	Nang May Oo