



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 <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.

Declaration by Em	ployer		5,00 7,00 7,00
Employer Name	TAN YENSI		
NRIC No./ FIN	5757=	APZ62	
Contact No.	1 9114	4300	
Signature and Date	A Company of the Comp		
S/N Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
NOVITASARI		818382TA	Frankel Concellati
I hereby declare that I am authorising (Name and			
licence no. of emp	oloyment agency) to perf	form the above work pass trans	saction(s) on my behalf.
Declaration by EA	cinative similarity assignment	is enclosed with this authorisa	
☐₁ I have spoken to	and verified with employe	er to confirm his / her authoris	ation.
☐ I have spoken to	and verified with employ	er that the person submitting t	his form to the EA is
authorised to do s	o on behalf of the emplo	yer.	
I declare that I ha work pass transac		fields are filled in prior to maki	ng the abovementioned
I declare that the	information provided on	this form is true and correct.	
ame of EA personnel Huang Yuling			
Registration No.		R1658004	
Signature and Date			