



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	SHAHIDAH BINTE MOHAMED SALLEH
NRIC No. / FIN	S8024862H
Contact No.	96634536
Signature and Date	x

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	SUCIATI	006723446	Transfer
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.

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	
Registration No.	Palma Sharon Abuncion R1105855
Signature and Date	



nited Channel

Cancellation Request (for other Country)

Suciati of Passport no. 82783774
and Work Permit No. 0 06723446 hereby request to be sent to _____

(Place of Repatriation) Instead of my home country upon the cancellation of my work permit.

FDW's Signature: _____

Date: _____

Employer's Undertaking

I, Shahidah Binte Mohamed Saikh holder of Nric/Fin No. S80248624

Have no objection to the request of my Foreign Domestic Worker (FDW) named above to be
Sent to _____ instead of her home country and I hereby authorized
(Place of Repatriation)

UNITED CHANNEL to cancel my FDW's work permit on 0 06723446 and she shall be

Repatriated within 14 days by flight/ferry/Coach No. _____ reporting to
Immigration _____ (Flight Number) checkpoint.

Employer's Signature: x

Date: _____

EA Personnel Name Reg No. _____ Signature: _____

Date: _____

To:
Work Permit Department
Ministry Of Manpower
18 Havelock Road
Singapore 059764

Dear Sir / Madam

CONSENT TO TRANSFER FOREIGN DOMESTIC WORKER

FOREIGN DOMESTIC WORKER SUCIATI

WORK PERMIT 0 06723446

DATE OF APPLICATION _____

I, SHAHIDAH BINTE MOHAMED SALLEH of NRIC / Passport No S8024862H
(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.

X.

Signature of Current Employer

Date: 12-10-2018

To: The Employer

Employer's Name : Shahidah Binte Mohamed Salleh

FDW's Name : Suciati

TAKING CUSTODY OF FDW

We herein confirm that we have taken over custody of the abovementioned FDW today, 12-10-18 at 2pm

However, until her transfer or repatriation, the employer is reminded that he or she will still be responsible and liable for the FDW, in accordance with MOM's conditions of Work Permit for Employers, even though the FDW is in our custody.

UNITED CHANNEL

Palma Sharon Asuncion
F1105865



Name:

Date

12-10-2018

FDW Reference No.

(1) RIT 070

LETTER OF ACKNOWLEDGEMENT

1. Please be informed that the Foreign Domestic Worker (FDW) SUCIATI, Work Permit No. 006723446 has a (21) days period with the Employment Agency for transfer/re-deployment. The due period will be on _____.
2. The Employer remains legally responsible for the FDW till the FRW's Work Permit is cancelled, FRD repatriated or FDW is handed to the new Employer.
3. Please note that under the Ministry of Manpower, "Conditions of Work Permit", the employer shall bear all cost of repatriating the FDW at all times and the Employer shall not deduct, or recover (directly or indirectly) the costs associated with the repatriation from the FDW.
4. Please refer to the Standard Service Agreement between the FDW Employer and the Employment Agency.

x

Signature of Employer

Name : Shahidah Binte Mohamed Salleh

NRIC or Passport No. : S80248624

Palma Sharon Asuncion

R1105862

Signed for and on behalf of Agency



United Channel Employment Agency Pte Ltd (07c4306)

Placement Fee Breakdown Acknowledgement Slip

Name of FDW : Suciat
WP No. : 0 06723446
Passport No : B2783774

(ပြန်လာသည့် အကြောင်းအရင်း)
Reason for coming back : I want to change employer

I have receive \$ — being refund of 1 month service fee from my agency

(ကျွန်မ အေဂျင်စီကနေ ဝန်ဆောင်ခ ဘလ ပြန်အမ်းရမည့်ငွေကို \$ — လက်ခံရရှိပါသည်။)

I am aware the agency has added a service fee of 550 being 1 month(s) of my salary to my overseas expenses / placement loan balance.

ကျွန်မ ၏ လစာ ပင်လယ်ရပ်ခြားစရိတ် / ကြိုတင်ချေးငွေ လက်ကျန် ပမာဏ ထဲ သို့ ကျွန်မရဲ့အေဂျင်စီ က ဝန်ဆောင်ခ ကို ထပ်တိုးမယ်ဆိုတာ သိပါတယ်။

Overseas Expenses / Placement Loan balance : 2437
(ပင်လယ်ရပ်ခြားစရိတ်/ကြိုတင်ချေးငွေလက်ကျန်ပမာဏ)

Service Fee charged by Agency : 550 X 1 months [max 2 months]
(အေဂျင်စီကနေ ဝန်ဆောင်ခဖြတ်သည်) (လ [အများဆုံး: ၂လ])

Less Refund of Service Fee (if applicable) : — [this is not applicable if refund has been made]
(ဝန်ဆောင်ခပြန်အမ်းရမည့်ငွေ(အကယ်၍သက်ဆိုင်လျှင်)) : — [အကယ်၍ဝန်ဆောင်ခပြန်အမ်း
ငွေပြုလုပ်ပြီး ရင် မသက်ဆိုင်တော့ပါ]

Total Loan : 2437 + 550 (Loan Balance + Service fee charge - Refund (if any))

(စုစုပေါင်းကြိုတင်ချေးငွေ) = — + — {လက်ကျန်အကြေး+ဝန်ဆောင်ခထပ်ဖြတ်သည် - ပြန်အမ်းငွေ
(အကယ်၍လိုအပ်လျှင်)}

Acknowledged by FDW : Suciat
(FDWရဲ့ဝန်ခံချက်)

Acknowledged by : Palma Sharon Asuncion
R1105865
(EA Name & Registration No.)



Agency Stamp

Schedule of Salary and Loan (including loan for placement fee) Repayment

Name of Employer

SHAHIDAH BINTE MOHAMED SALLEH

Name of FDW

SUCIATI

Monthly Salary of FDW

\$ 635.00 Compensation : \$ 85 AS REIMBURSEMENT for 4/Prefer 0 off days (\$21.25/day)

Total Amount of Loan (including loan for placement fee) \$ 4,040.00

S.No.	Schedule of salary Payment			Schedule of Loan (including loan for placement fee) Repayment			
	Month / Year	Date of Salary Payment	FDW acknowledgement (Signature)		Daye of Repayment	Employer's Acknowledgement (Signature)	FDW acknowledgement (Signature)
1	\$ 130.00	17-08-2018	<i>Suciati</i> Handphone \$140	\$505.00	17-08-2018		
2	\$ 130.00	17-09-2018	<i>Suciati</i> Air Card \$15	\$505.00	17-09-2018		
3	\$ 130.00	17-10-2018	<i>Suciati</i> Cash \$105	\$505.00	17-10-2018		
4	\$ 130.00	17-11-2018		\$505.00	17-11-2018		
5	\$ 130.00	17-12-2018		\$505.00	17-12-2018		
6	\$ 130.00	17-01-2019		\$505.00	17-01-2019		
7	\$ 130.00	17-02-2019		\$505.00	17-02-2019		
8	\$ 130.00	17-03-2019		\$505.00	17-03-2019		
9	\$ 635.00	17-04-2019					
10	\$ 635.00	17-05-2019					
11	\$ 635.00	17-06-2019					
12	\$ 635.00	17-07-2019					
13	\$ 635.00	17-08-2019					
14	\$ 635.00	17-09-2019					
15	\$ 635.00	17-10-2019					
16	\$ 635.00	17-11-2019					
17	\$ 635.00	17-12-2019					
18	\$ 635.00	17-01-2020					
19	\$ 635.00	17-02-2020					
20	\$ 635.00	17-03-2020					
21	\$ 635.00	17-04-2020					
22	\$ 635.00	17-05-2020					
23	\$ 635.00	17-06-2020					
24	\$ 635.00	17-07-2020					
** Total Amount (\$\$)				\$4,040.00			

** The total amount should be filled in at the point of acknowledging this schedule, and it shall be the sum total of the monthly loan repayments.

** The monthly payment of \$635 is inclusive of the reimbursement of no off day based on mutual agreement. Employer is allowed to deduct \$21.25 for each off day given.

** Please indicate final salary for each month should there be any changes. Both employer and FDW shall sign on the amendments to prevent disagreement.

I hereby declare that and agree with the monthly salary and total amount of loan indicated above.

Suciati

Name / Signature of FDW



Name / Signature of Employer

Witnessed by EA Representative:

Name / Signature: **Chee Mun Leong**
R1100685

(Signature)