




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

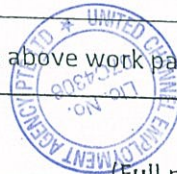
Employer Name	ONG BOON CHWEE
NRIC No./ FIN	S 043094X4
Contact No.	9822 9251
Signature and Date	 Sponsor signature: <i>Umy</i>

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	WIN KHAIG	MC 771739	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.

*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	<i>Nang May Oo</i>





REPUBLIC OF SINGAPORE  
CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

287417B

DECEASED	Death registered at CHANGI GENERAL HOSPITAL, SINGAPORE						
	Full name of deceased ONG BOON CHWEE						
	NRIC/Identification Document No. S0430944H		Sex MALE	Date of birth 00/00/1930			
	Race/Dialect Group CHINESE/HOKKIEN		Nationality SINGAPORE CITIZEN	Country/Place of birth SINGAPORE			
	Home Address APT BLK 130 BEDOK NORTH STREET 2 #08-67 SINGAPORE 460130			Date and hour of death 28/12/2018 0741			
	Place or Address where death occurred CHANGI GENERAL HOSPITAL			Approximate interval between onset and death			
CAUSE OF DEATH BY CERTIFIER	I (a) PNEUMONIA, UNSPECIFIED			Years 0	Months 0	Days 4	Hours 0
	Disease or Condition leading to death						
	(b)						
	Antecedent Causes						
	(c)						
	II Other Significant conditions						
	Name and official status of person certifying cause of death DR RON NG CHONG SHENG, MEDICAL PRACTITIONER			Certificate of Cause of Death Reference No.: COD-2018-CW-008887 Date: 28/12/2018			
INFORMANT	Name ONG CHONG HIOK			I certify that the above information given by me is correct.   28/12/18 Informant's Signature/ Date Thumb impression			
	Address APT BLK 119 BEDOK NORTH ROAD #10-201 SINGAPORE 460119						
	NRIC/Identification Document No. S1753542J						
	Relationship DAUGHTER						
REGISTRATION OFFICER	Name of Registration Officer NADIAH DIYANA BINTE YACCOB Designation REGISTRATION OFFICER Date 28/12/2018			 Changi General Hospital for Registrar of Births and Deaths			

DISPOSITION	PERMIT TO BURY/CREMATE BODY [The Environment Public Health Act (Chapter 95)]			
	Place of Burial or Place of Cremation MANDAI CREMATORIUM		Religious type TAOIST	
INFORMANT MAKING APPLICATION	I ONG CHONG HIOK		 28/12/18 Informant's Signature/ Date Thumb impression	
	NRIC/Identification Document No S1753542J apply for a permit to <input type="checkbox"/> bury + <input checked="" type="checkbox"/> cremate + the deceased referred to in the Death Certificate No. 287417B For application to cremate only <input checked="" type="checkbox"/> I certify that to the best of my knowledge, the deceased has no written direction that he/she should not be cremated +			
REGISTRATION OFFICER	The Certificate of Cause of Death certified that there is <input checked="" type="checkbox"/> No evidence of pacemaker in the body of the deceased + <input type="checkbox"/> Evidence of pacemaker/device removed from the body of the deceased + Permit is approved. 28/12/18 Date		 Changi General Hospital for Commissioner of Public Health	



MYANMAR TRAVELS & TOURS PTE LTD

myanmartravels@sgb2b.com.sg

Booking ID: FMNSG304V84AO1

Booking Date: Jan 02, 2019

Onward 1 Flight(s)

Non-Refundable

Flight 1		✈	Departing	✈	Arriving	
Jetstar*	Jetstar Asia		SIN Singapore		RGN Yangon	Non Stop
	3K-583		Changi Intl Arpt, Terminal-Terminal 1		Yangon, Terminal-Terminal 1	2h 55m
			1		Fri 04 Jan 2019, 18:55	
			Fri 04 Jan 2019, 17:30			



Passenger(s) Details

	Passport Details	PNR	FF No	E-Ticket	Insurance No.	Status
1	Ms khaing win Adult (Jan 01, 1989)	mc771739, Nov 29, 2022, Myanmar	FI6MNT	FI6MNT	-	Confirmed

Add - ons

Flight: 3K-583	Meals	Seat	Purchased Baggage
Ms Khaing Win	-	-	20.0 kg