



Authorisation Form for Foreign Domestic Worker Work Pass

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.

Employer Name	DANTEL MOUNT	7 - 4	
NRIC No./ FIN	DANJEL MICHA S7345732	IEL LEE	
Contact No.	HP 8/6/36	8/-	
Signature and Date	FII 070756	+3	
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1	gn Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1 CHERRY		0 9280609-	Cancel
I hereby declare	that I am authorising	EMPLOYAGA	
licence no. of em	ployment agency) to perfo	orm the above Work pass trans	(Name and
Fill in only if applicable.		(8)	the serial in th
		* 0112	
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