



Booking number  
**PRHLKP**



Dear khin moh moh ayeq, your booking is confirmed.

Manage booking

Check-in

Print itinerary

 **Singapore**

FD 356

Depart  
**Singapore (SIN)**

**14:40**  
Tue 07 May 2019

Arrive  
**Bangkok - Don Mueang (DMK)**

**16:20**  
Tue 07 May 2019

Layover in Bangkok - Don Mueang: 1 hour 45 minutes

FD 257

Depart  
**Bangkok - Don Mueang (DMK)**

**18:05**  
Tue 07 May 2019

Arrive  
**Yangon (RGN)**

**18:55**  
Tue 07 May 2019

All times shown are local in 24-hour time format

 **Guests**

FD 356

**Low Fare**

khin moh moh ayeq  
Checked baggage 20kg

FD 257

**Low Fare**

khin moh moh ayeq  
Checked baggage 20kg

 **Invoice**

[Print Invoice](#)

**Total paid**

**176.93 SGD**




## 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	Phoa chye Hou Desmond
NRIC No. / FIN	S8313428C
Contact No.	90269381
Signature and Date	

S/N	Name of Foreign Domestic Worker(s)	Passport / <u>FIN</u> / WP No.	Authorised Transaction
1	thin mae mae Aye	G29885360	Cancellation
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	Palma Shara Asuncion
Registration No.	R1109865
Signature and Date	