IMMIGRATION ACT
(CHAPTER 133)
IMMIGRATION REGULATIONS
SPECIAL PASS
REGULATION 15(3)

DOA SB No. SB EXPIRY

WP No.

FIN

: 12/05/2017 : DZA164260 : 12/07/2019

: 0 93930444

: G2884495L

To: THIN THIN MAR

Nationality: MYANMAR

Sex: Female

Date of birth: 17/11/1989

G2884495LX

Your legal stay in Singapore has been extended to 14/06/2017, when you will need to leave the country.

WONG SOOK HAN STEPHANIE 45 MANDALAY ROAD #05-01 MANDALE HEIGHTS SINGAPORE 308225 Tel No.: 93836700

EA Tel No.:

Special Pass Issue Date: 31/05/2017 Special Pass Expiry Date: 14/06/2017

\*

CHOW CHOON YEN for Controller Of Immigration Singapore

Note: Please surrender this pass to the Immigration Duty Officer's counter at the time of departure.





## 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>MA</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 Employer			
Employer Name Wong SOOK HAN STEPHONE			
NRICNO./FIN 5 7705 389-2			
Contact No. 93836700			
Signature and Date 3 1 MAY 2017			
S/N Name of Foreign Domestic Worker(s)		Passport / FIN / WP No.	Authorised Transaction
1 THINTHIN MAR		093930444	CYWP
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.			
I hereby authorise			
Declaration by EA			
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  Tang Choon Meng			
Registration No. R121/320			
Signature and Date			