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Payment confirmed on Fri, 6 Dec 2019, 11:26.

Flight Details Baggage Allowance & Policies

Passengers: CINKHO/NEI LHING

Depart: Singapore - Yangon

15 Dec 2019 13:00

Changi Airport T3



Myanmar National Airlines 3h 0m

15 Dec 2019 14:30

Yangon International Airport T1

UB002 Boeing 737-800 Economy

Return: Yangon - Singapore

6 Jan 2020 07:15

Yangon International Airport T1



Myanmar National Airlines 3h 0m

6 Jan 2020 11:45

Changi Airport T3

UB001 Boeing 737-800 Economy

Passenger Info

CINKHO/NEI LHING (Last name/First name & middle name)

- Nationality **Myanmar**
- ID type
- ID number
- Gender **Female**
- Date of birth **4 Dec 1993**

Trip.com
Airfare: \$279.80
Taxes: \$195.50
Total: \$475.30
Tel: 6018-2868




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	SEAH MAY LEE
NRIC No./ FIN	S12093201
Contact No.	8799-7184
Signature and Date	 12/12/2019

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	Cin Kho Nei Lhing	O 9415184K	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	
Registration No.	
Signature and Date	