



DATE OF APPLICATION
10 Jan 2019

WORK PERMIT NUMBER
0 27698395

HELPER NAME
MARY JHANE-AR-JAY ABING DE QUIROZ

To be signed by the various parties and uploaded as part of the issuance process



TYPE OF APPLICATION
STANDARD APPLICATION

Part I. Helper and employment

About the helper

Full name	MARY JHANE-AR-JAY ABING DE QUIROZ	Date of birth	21 Aug 1982
FIN	G8591344T	Birth place	Philippines
Work permit number	0 27698395	Religion	Christian
Passport number	P0946930A	Ethnic group	Filipino
Passport expiry date	17 Nov 2021	8 years of formal education?	Yes
Immigration pass	Current Workpass Holder	Highest education level	Secondary without spm or gce o level
Nationality	Filipino	Marital status	Single
Gender	Female	Monthly salary	\$570
		Rest days per month	4
		Fee paid to Employment Agency by the helper	570

About the employment

Employer's name	LEONG WING WAH
Place of employment	BLANGAH GARDEN 62 TELOK BLANGAH HEIGHTS #11-183 Singapore 100062



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Part I. Declaration by foreign domestic worker

I declare that:

1. I have read and understood the conditions of work permit, which are set out in the Employment of Foreign Manpower (Work Passes) Regulations c 91A, available at www.mom.gov.sg
2. I have had at least eight years of formal education and have the certificates to prove this. (This does not apply to you if you have been employed as a foreign domestic worker or confinement nanny in Singapore before.)
3. I have never been convicted of a criminal offence in any country or state.
4. For the purpose of assessing this application, I consent for the Government of Singapore and its statutory authorities to obtain from and verify information with any person, organisation or any other source, and to disclose such information to its authorised agents. For the purpose of my employment, I also consent for the Government of Singapore and its statutory authorities to display my employment information on the MOM's work pass systems, and to disclose such information to any relevant person or organisation.
5. I understand I have the option to set up a POSB bank account to receive my salary and get a free Centre for Domestic Employees (CDE) membership. If I choose to set up my POSB bank account and CDE membership, I confirm that I:
 - a. Have given my employer my written consent to submit my bank account application and any declarations to POSB
 - b. Have provided true and correct information to my employer for the bank account application
 - c. Allow the Ministry of Manpower to send my personal details to POSB and CDE
 - d. Allow CDE to use and store my personal details and contact me about my membership and participation in activities
6. I consent to the Ministry of Manpower displaying my work pass details when my work pass card is scanned using the Ministry of Manpower's work pass mobile application.
7. All the documents that have been submitted on my behalf in support of this Application for a Work Permit are true copies of the authentic documents.

Name of worker

MARY JHANE-AR-JAY ABING DE QUIROZ

Work permit number of worker

0 27698395

Signature of worker

Date (DD-MM-YYYY)

11/01/2019



DATE OF APPLICATION	WORK PERMIT NUMBER	HELPER NAME
10 Jan 2019	0 27698395	MARY JHANE-AR-JAY ABING DE QUIROZ
CURRENT EMPLOYER NAME	CHAN SOW KENG	
CONSENT GIVEN FOR TRANSFER	No	

Part II. Prospective employer

About the employer

Full name	LEONG WING WAH
Gender	Male
Date of birth	23 Jul 1961
Nationality	Singapore citizen
Residential status	Singapore citizen
NRIC	S1479770Z
Marital status	Single
Housing type	HDB 3 rooms

Income details

Income used for application	Employer's income
Monthly income range	\$10,000 - \$12,499
Income proof	NOA
Tax reference number	S1479770Z
Annual income	141031.0
Assessment year	2017

Contact details

Mobile number	+65 96686998
Email	ronald.leong@spp.fujixerox.com
Residential address	BLANGAH GARDEN 62 TELOK BLANGAH HEIGHTS #11-183 Singapore 100062



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HELPER NAME

MARY JHANE-AR-JAY ABING DE QUIROZ

Part II. Declaration by employer

I declare that:

1. I do not have any medical condition(s) that will impair my ability to supervise and ensure the well-being of my foreign domestic worker.
2. I have read and understood the applicable conditions and regulatory conditions of work permit set out in the Employment of Foreign Manpower (Work Passes) Regulations ("EFMR"), available at www.mom.gov.sg.
3. In order for MOM to assess my application, I consent to the Government of Singapore and statutory authorities to getting from and verifying information with any person, organisation or any other source. Further, I consent to the information obtained in this process to be released to the Government of Singapore, its statutory authorities and their authorised agents.
4. To the best of my knowledge, the foreign domestic worker (if she has not worked as a foreign domestic worker or confinement nanny in Singapore before) has had a minimum of eight years of formal education and has educational certificates as documentary proof of this.
5. I understand my foreign domestic worker has the option to set up a POSB bank account to receive her salary. If she chooses to set up her POSB bank account, I confirm that I:
 - a. Have obtained her written consent to submit her bank account application and any declarations to POSB
 - b. Have checked with her on the accuracy of her details for the bank account application
 - c. Allow the Ministry of Manpower to send my personal details and contact information to POSB
6. I have obtained written consent from the foreign domestic worker to perform this transaction. I will produce this consent when requested by the authority.
7. I consent to the Ministry of Manpower displaying work pass details when the foreign domestic worker's work pass card is scanned using the Ministry of Manpower's work pass mobile application.
8. I am not related to the foreign domestic worker.
9. I have ensured that the foreign domestic worker fully understands the contents of PART I and that it was signed by the foreign domestic worker.
10. The information in this application and any appeals I have made in relation to this application are, to the best of my knowledge, true and correct; and that all documents submitted in support of this application and any appeals made in relation to the application, are true copies of the authentic documents.
11. I am aware of and shall fulfil my obligations as an employer of a foreign domestic worker under the Employment of Foreign Manpower Act (Chapter 91A) ("EFMA") and EFMR which includes the following:
 - a. Pay her salary promptly
 - b. Pay for her upkeep and maintenance, including medical treatment
 - c. Provide acceptable accommodation for her
 - d. Should she die while in Singapore, pay for her burial or cremation and pay for her body and belongings to be returned to her home
 - e. Take her to the Controller of Work Passes when required by MOM
 - f. Inform the Controller of Work Passes in writing within seven days when her employment ends by cancelling her work permit
 - g. Arrange and pay for her passage home, after giving her reasonable notice and paying her outstanding salary
12. I shall take reasonable steps to ensure that my foreign domestic worker complies with the EFMA and the EFMR. Such steps shall include reporting to the Controller of Work Passes if I know that she is non-compliant.
13. I understand that if I breach any of my obligations as an employer of a foreign domestic worker, my Security Bond in the sum of \$5,000 which I have furnished to the Controller of Work Passes may be forfeited fully or in part. I also understand if there is only partial forfeiture, the Government of Singapore may forfeit the rest at a later point in time for the same breach or a different breach.
14. I also understand that if I breach any of my obligations as an employer of a foreign domestic worker, other enforcement actions may be taken against me in addition to my Security Bond being forfeited fully or in part.

Name of employer

LEONG WING WAH

NRIC/FIN

S1479770Z

Signature of employer

Date (DD-MM-YYYY)

11 01 2019

Date: _____

To:
Work Permit Department
Ministry Of Manpower
18 Havelock Road
Singapore 059764

Dear Sir / Madam

CONSENT TO TRANSFER FOREIGN DOMESTIC WORKER

FOREIGN DOMESTIC WORKER

Mary Jhane - Ar-Jay Abing De Quiroz

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I, Chan Sow Keng of NRIC / Passport No S0897850P
(Name of Current Employer)

Agree to release my Foreign Domestic Worker named above to the prospective employer

Leong Wing Niah
(Name of Prospective Employer)

Pending the outcome of the application, I undertake all responsibilities for the employment of the said Foreign Domestic Worker and will extend her work permit (if necessary).

If the application is not approved, I will repatriate this worker.



Signature of Current Employer



REPUBLIC OF SINGAPORE
CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

286904G

DECEASED	Death registered at TELOK BLANGAH NEIGHBOURHOOD POLICE POST, SINGAPORE			
	Full name of deceased CHAN SOW KENG			
	NRIC/Identification Document No: S0897850F	Sex FEMALE	Date of birth 21/07/1939	
	Race/Dialect Group CHINESE/CANTONESE	Nationality SINGAPORE CITIZEN	Country/Place of birth SINGAPORE	
	Home Address APT BLK 45 TELOK BLANGAH DRIVE #07-139 SINGAPORE 100045		Date and hour of death 19/12/2018 1643	
CAUSE OF DEATH BY CERTIFIER	Place or Address where death occurred SINGAPORE GENERAL HOSPITAL PTE LTD		Approximate interval between onset and death	
			Years	Months
			Days	Hours
I	(a) OTHER AND UNSPECIFIED T-CELL LYMPHOMAS		1	8
	Disease or Condition leading to death			
	(b)			
II	Antecedent Causes			
	(c)			
	Other Significant conditions			
Name and official status of person certifying cause of death DR LEE JIA LI, MEDICAL PRACTITIONER			Certificate of Cause of Death Reference No.: COD-2018-SG-008630 Date: 19/12/2018	
INFORMANT	Name LEONG WING WAH		I certify that the above information given by me is correct.	
	Address APT BLK 62 TELOK BLANGAH HEIGHTS #11-183 SINGAPORE 100062			
	NRIC/Identification Document No. S1479770Z		19/12/2018	
	Relationship SON		Informant's Signature/ Date	
REGISTRATION OFFICER	Name of Registration Officer WILSON TANG ZHI YU		for Registrar of Births and Deaths	
	Designation REGISTRATION OFFICER			
	Date 19/12/2018			

DISPOSITION	PERMIT TO BURY/CREMATE BODY [The Environment Public Health Act (Chapter 95)]			
	Place of Burial or Place of Cremation MANDAI CREMATORIUM	Religious type BUDDHIST		
INFORMANT MAKING APPLICATION	I LEONG WING WAH			
	NRIC/Identification Document No S1479770Z apply for a permit to <input type="checkbox"/> bury + <input checked="" type="checkbox"/> cremate + 286904G the deceased referred to in the Death Certificate No. 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 +		19/12/2018	
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. 19/12/2018		for Commissioner of Public Health	



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Part IV. Employment Agency**About the Employment Agency**

Name **UNITED CHANNEL
EMPLOYMENT AGENCY
PTE. LT**

Licence no. **07C4306**

Telephone **+65 63448807**

Address

Part IV. Declaration by Employment Agency

This declaration must be completed by the Employment Agency or intermediary who is making the application on behalf of the employer.

I declare that:

1. I am the Employment Agency personnel handling this application.
2. To the best of my knowledge, the foreign domestic worker (if she has not worked as a foreign domestic worker or confinement nanny in Singapore before) has had a minimum of eight years of formal education and has educational certificates as documentary proof of this.
3. I have obtained written consent from the employer and foreign domestic worker to perform this transaction. I will produce this consent when requested by the authority.
4. I have explained the contents of the application and the applicable conditions and regulatory conditions of this work permit, as set out in the Employment of Foreign Manpower (Work Passes) Regulations c 91A, to the foreign employee and the employer.
5. The information in this application and any appeals I have made in relation to this application are, to the best of my knowledge, true and correct; and that all documents submitted in support of this application and any appeals made in relation to the application, are true copies of the authentic documents.

Name of Employment Agency personnel

Palma Sharon Asuncion
R1105865

Employment Agency personnel number

Palma Sharon Asuncion
R1105865

Signature of Employment Agency personnel

Date (DD-MM-YYYY)

11 / 01 / 2019.