



13 Mar 2018

WORK PERMIT NUMBER

0 09280545

HELPER NAME

SUDARWATI

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

Ab out the helper

Full name

FIN G8599843P

Work permit number

Passport number

Passport expiry date Immigration pass

Indonesian

Gender

SUDARWATI

0 09280545

B7363215

19 Sep 2022

Current Workpass Holder

Nationality

Female

Date of birth 08 Sep 1994

Birth place

Indonesia

Religion

Muslim

Ethnic group Indonesian

Highest education level

8 years of formal education?

Secondary without spm

or gce o level

Marital status

Married

Monthly salary

\$550

4

Rest days per month

Fee paid to Employment

550

Agency by the helper

About the helper's spouse

About the employment

Name

Residential status

Not a Singapore Citizen or Permanent Resident

Employer's name

Place of employment

KO KENG CHOO LINDA

940 HOUGANG STREET 92

Singapore 530940





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SUDARWATI

Part I. Declaration by foreign domestic worker

I declare that:

- I have read and understood the conditions of work permit, which are set out in the Employment of Foreign Manpower (Work Passes) Regulations
- 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. 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

Name of worker

SU DARWATI

Signature of worker

Work permit number of worker

0 09280545

Date (DD-MM-YYYY)

16/03/18



13 Mar 2018



DATE OF APPLICATION

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HELPER NAME **SUDARWATI**

CURRENT EMPLOYER NAME

YANG KAIYUN MAGDALENE

CONSENT GIVEN FOR TRANSFER

Part II. Prospective employer

About the employer

About the employer's spouse

Full name

Date of birth

Nationality

Residential status

Gender

NRIC

Male

28 Apr 1940

S1033547G

Singapore citizen

Singapore citizen

Full name KO KENG CHOO LINDA

Female Gender

Date of birth 02 Oct 1947

Nationality Singapore citizen

Residential status

Singapore citizen

NRIC

S0695828A

Marital status

Married

Housing type

HDB 5 rooms

Contact details

Income used for application

Income details

Employer's income

Monthly income range

\$4,000 - \$4,999

Income proof

Others

Mobile number

+65 91160445

janson_poh@yahoo.com

HENRY POH BOK CHENG

Residential address

940 HOUGANG STREET

#12-19

Singapore 530940





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SUDARWATI

part II. Declaration by employer

I declare that:

- 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.
- 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.
- 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.
- I have obtained written consent from the foreign domestic worker to perform this transaction. I will produce this consent when requested by the
- 5. I am not related to the foreign domestic worker.
- 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.
- 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.
- 8. 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
- 9. 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.
- 10. 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.
- 11. 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

KO KENG CHOO LINDA

NRIC/FIN

S0695828A

Signature of employed

Date (DD-MM-YYYY)

6/03/18

| Date: | _ |
|---|--|
| | |
| | |
| To: | |
| Work Permit Department | |
| Minstry Of Manpower | |
| 18 Havelock Road | |
| Singapore 059764 | |
| Dear Sir / Madam | |
| CONSENT TO TRANSFER FORE | IGN DOMESTIC WORKER |
| FOREIGN DOMESTIC WORKER | Sudarwati' |
| WORK PERMIT | 0 09280545 |
| DATE OF APPLICATION | 13 March. 2018. |
| I, yang Kaiyun magdalene of (Name of Current Employer) | NRIC / Passport No S 85231536 |
| Agree to release my Foreign Domestic V | Vorker named above to the prospective employer |
| | |
| KO KENG CHOO LINDA. | |
| (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 | |
| 0 | |

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WORK PERMIT NUMBER

HELPER NAME

13 Mar 2018

0 09280545

SUDARWATI

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. (If more than one Employment Agency or intermediary is used, please download additional declaration sheets

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

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

Name of Employment Agency personnel

Employment Agency stamp

Employment Agency personnel numbers

Date (DD-MM-YYYY)

Signature of Employment Agency personnel