

ITINERARY/INVOICE

AIRLINE PNR:

IE PNR: MXYFQA

NAME: THI/THI AUNG

ETKT NBR: 816-3644988295

ID NUMBER: MD058014

CONJ NBR:

ISSUING AIRLINE: OD

DATE OF ISSUE:

ISSUING AGENT: QNI

IATA CODE:

AGENCY ADDRESS:

TEL:

FAX:

ORIGIN/DES	FLIGHT	CLASS	DATE	TIME	ARRTIME	PERIOD	STATUS	ALLOW	TERMINAL	
									Takeoff	Arrival
SIN-Singapore										
KUL-Kuala Lumpur	OD808	Economy	1MAY	17:00	18:05	1MAY	OK	-	T3	
KUL-Kuala Lumpur										
RGN-Yangon	OD552	Economy	1MAY	21:45	23:05	1MAY	OK	-	M	

FORM OF PAYMENT: Online payment

FARE: CNY 167.00

TAX: CNY 400.00

TOTAL: CNY 567.00

NOTICE:

All flight times and dates are in local time.




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	WANG LIM EI
NRIC No. / FIN	S8263171B
Contact No.	81131509
Signature and Date	

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	Thi Thi Aung	MD 858 014	CL
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	Nang May Oo
Registration No.	R1100634
Signature and Date	