




MINISTRY OF
MANPOWER

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	Ho Gee Moo
NRIC No./ FIN	S64008035
Contact No.	96622688
Signature and Date	

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	thin thin thine	0 93816854	TRANSFER
2			

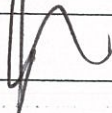
☒ I hereby declare that I am authorising _____ (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf.

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.	Palma Sharon Asuncion R1105865
Signature and Date	



United Channel

Cancellation Request (for other Country)

I, Thi'n Thi'n Khin of Passport no. MB490842
and Work Permit No. 0 93816854 hereby request to be sent to _____

(Place of Repatriation) Instead of my home country upon the cancellation of my work permit.

FDW's Signature: _____ Date: _____

Employer's Undertaking

I, HO Gee MOO holder of Nric/Fin No. S0406803J

Have no objection to the request of my Foreign Domestic Worker (FDW) named above to be
Sent to _____ instead of her home country and I hereby authorized
(Place of Repatriation)

UNITED CHANNEL to cancel my FDW's work permit on _____ and she shall be
Repatriated within 14 days by flight/ferry/Coach No. _____ reporting to
Immigration _____ checkpoint.
(Flight Number)

Employer's Signature:  Date: _____

EA Personnel Name Reg No. _____ Signature: _____

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

Thin Thin Khine

WORK PERMIT

0 93816854

DATE OF APPLICATION


I, HO Gee Moo of NRIC / Passport No S 0400803J
(Name of Current Employer)

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

(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

Date

15 OCT 2018

FDW Reference No.

P7M 100

LETTER OF ACKNOWLEDGEMENT

1. Please be informed that the Foreign Domestic Worker (FDW) Thi Thi Khin, Work Permit No. 0938/6854 has a (21) days period with the Employment Agency for transfer/re-deployment. The due period will be on 04. Nov. 2018.
2. The Employer remains legally responsible for the FDW till the FRW's Work Permit is cancelled, FRD repatriated or FDW is handed to the new Employer.
3. Please note that under the Ministry of Manpower, "Conditions of Work Permit", the employer shall bear all cost of repatriating the FDW at all times and the Employer shall not deduct, or recover (directly or indirectly) the costs associated with the repatriation from the FDW.
4. Please refer to the Standard Service Agreement between the FDW Employer and the Employment Agency.

Signature of Employer

Name :

Ho Gee MOD

NRIC or Passport No. :

S0400803J

Palma Sharon Asuncion
R1105865

Signed for and on behalf of Agency



Date: 15 OCT 2018

To. The Employer

Employer's Name : HO Gee MOO

FDW's Name : Thi Thi Khine

TAKING CUSTODY OF FDW

We herein confirm that we have taken over custody of the abovementioned FDW today, 15 OCT 2018 at 3pm.

However, until her transfer or repatriation, the employer is reminded that he or she will still be responsible and liable for the FDW, in accordance with MOM's conditions of Work Permit for Employers, even though the FDW is in our custody.

UNITED CHANNEL

Palma Sharon Asuncion
R1105865

Name:



United Channel Employment Agency Pte Ltd (07c4306)

Placement Fee Breakdown Acknowledgement Slip

Name of FDW : Thi'n Thi'n Klure

WP No. : 0 93816854

Passport No : MB490842

(ပြန်လာသည့် အကြောင်းအရင်း)

Reason for coming back : I want to change employer

I have receive \$ — being refund of 1 month service fee from my agency

(ကျွန်မ အေဂျင်စီကနေ ဝန်ဆောင်ခ ၁လ ပြန်အမ်းရမည့်ငွေကို \$ — လက်ခံရရှိပါသည်။)

I am aware the agency has added a service fee of 520 being 1 month(s) of my salary to my overseas expenses / placement loan balance.

ကျွန်မ၏ လစာ ပင်လယ်ရပ်ခြားစရိတ် / ကြိုတင်ချေးငွေ လက်ကျန် ပမာဏ ထဲ သို့ ကျွန်မရဲ့အေဂျင်စီက ဝန်ဆောင်ခ ကို ထပ်တိုးမယ်ဆိုတာ သိပါတယ်။

Overseas Expenses / Placement Loan balance : NIL

(ပင်လယ်ရပ်ခြားစရိတ်/ကြိုတင်ချေးငွေလက်ကျန်ပမာဏ)

Service Fee charged by Agency : 520 x 1 months [max 2 months]

(အေဂျင်စီကနေ ဝန်ဆောင်ခဖြတ်သည်) (လ [အများဆုံး ၂လ])

Less Refund of Service Fee (if applicable) : — [this is not applicable if refund has been made]

{ဝန်ဆောင်ခပြန်အမ်းရမည့်ငွေ(အကယ်၍သက်ဆိုင်လျှင်)} : — [အကယ်၍ဝန်ဆောင်ခပြန်အမ်းငွေပြုလုပ်ပြီး ရင် မသက်ဆိုင်တော့ပါ]

Total Loan : NIL + 520 (Loan Balance + Service fee charge - Refund (if any))

(စုစုပေါင်းကြိုတင်ချေးငွေ) = — + — {လက်ကျန်အကြွေး+ဝန်ဆောင်ခထပ်ဖြတ်သည် - ပြန်အမ်းငွေ (အကယ်၍လိုအပ်လျှင်)}

Acknowledged by FDW : Thi'n

(FDWရဲ့ဝန်ခံချက်)

Palma Sharon Asuncion
R1105865

Acknowledged by : —

(EA Name & Registration No.)



Agency Stamp

Schedule of Salary and Loan (including loan for placement fee) Repayment

Name of Employer

HO GEE MOO

Name of FDW

THIN THIN KHINE

Monthly Salary of FDW

\$ 600.00 Compensation : \$ 80 AS REIMBURSEMENT for 4/ Prefer 1 off days (\$20/day)

Total Amount of Loan (including loan for placement fee) \$ 2,320.00

S.No.	Schedule of salary Payment			Schedule of Loan (including loan for placement fee) Repayment			
	Month / Year	Date of Salary Payment	FDW acknowledgement (Signature)		Daye of Repayment	Employer's Acknowledgement (Signature)	FDW acknowledgement (Signature)
1	\$ 20.00	09-06-2018	Khine	\$580.00	09-06-2018		
2	\$ 20.00	09-07-2018	Khine	\$580.00	09-07-2018		
3	\$ 20.00	09-08-2018	Khine	\$580.00	09-08-2018		
4	\$ 20.00	09-09-2018	Khine	\$580.00	09-09-2018		
5	\$ 600.00	09-10-2018	Khine				
6	\$ 600.00	10-11-2018	Khine				
7	\$ 600.00	09-12-2018					
8	\$ 600.00	09-01-2019					
9	\$ 600.00	09-02-2019					
10	\$ 600.00	09-03-2019					
11	\$ 600.00	09-04-2019					
12	\$ 600.00	09-05-2019					
13	\$ 600.00	09-06-2019					
14	\$ 600.00	09-07-2019					
15	\$ 600.00	09-08-2019					
16	\$ 600.00	09-09-2019					
17	\$ 600.00	09-10-2019					
18	\$ 600.00	09-11-2019					
19	\$ 600.00	09-12-2019					
20	\$ 600.00	09-01-2020					
21	\$ 600.00	09-02-2020					
22	\$ 600.00	09-03-2020					
23	\$ 600.00	09-04-2020					
24	\$ 600.00	09-05-2020					
** Total Amount (\$\$)				\$2,320.00			

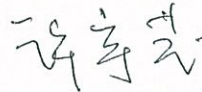
** The total amount should be filled in at the point of acknowledging this schedule, and it shall be the sum total of the monthly loan repayments.

** The monthly payment of \$600 is inclusive of the reimbursement of no off day based on mutual agreement. Employer is allowed to deduct \$20.00 for each off day given.

** Please indicate final salary for each month should there be any changes. Both employer and FDW shall sign on the amendments to prevent disagreement.

I hereby declare that and agree with the monthly salary and total amount of loan indicated above.

+ Khine
Name / Signature of FDW


Name / Signature of Employer

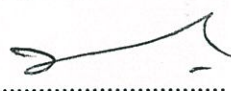
Witnessed by EA Representative:


Netty Sinbar
Name / Signature
2371

REPUBLIC OF SINGAPORE
CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

282861H

DECEASED	Death registered at TAN TOCK SENG HOSPITAL PTE LTD, SINGAPORE						
	Full name of deceased HO GEE MOO						
	NRIC/Identification Document No. S0400803J		Sex MALE	Date of birth 00/00/1925			
	Race/Dialect Group CHINESE/HAINANESE		Nationality SINGAPORE CITIZEN	Country/Place of birth CHINA			
	Home Address APT BLK 54 CASSIA CRESCENT #13-125 SINGAPORE 390054			Date and hour of death 09/10/2018 1934			
	Place or Address where death occurred TAN TOCK SENG HOSPITAL PTE LTD			Approximate interval between onset and death			
CAUSE OF DEATH BY CERTIFIER	I (a) PNEUMONIA, UNSPECIFIED Disease or Condition leading to death			Years	Months	Days 10	Hours
	(b)						
	Antecedent Causes						
	(c)						
	II Other Significant conditions						
Name and official status of person certifying cause of death DR ANGELINE TEY JIE-YIN, MEDICAL PRACTITIONER			Certificate of Cause of Death Reference No.: COD-2018-TQ-006802 Date: 09/10/2018				
INFORMANT	Name HO CHEE PENG			I certify that the above information given by me is correct.			
	Address APT BLK 79 MARINE DRIVE #14-32 SINGAPORE 440079						
	NRIC/Identification Document No. S1557763J			Informant's Signature/			
	Relationship SON			Thumb impression			
REGISTRATION OFFICER	Name of Registration Officer TAN GEOK MOI			for Registrar of Births and Deaths			
	Designation REGISTRATION OFFICER						
	Date 09/10/2018						

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 HO CHEE PENG			
	NRIC/Identification Document No S1557763J apply for a permit to <input type="checkbox"/> bury + <input checked="" type="checkbox"/> cremate + the deceased referred to in the Death Certificate No. 282861H 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 +		 Informant's Signature/ Thumb impression	
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.		for Commissioner of Public Health	
	9/10/2018 Date			