

You are acting on behalf of: **JOSEPH THOMAS GEORGE** NRIC: S2220003H 

Cancel work permit

MAGSIGAY KAREN APILADO - G2885260L

You have cancelled MAGSIGAY KAREN APILADO's work permit

We have also emailed you this cancellation confirmation.

As soon as we confirm that the helper has left Singapore, we will tell the employer's insurance company to discharge the Security Bond.

REMEMBER

Levy will stop immediately but the employer will get one more levy bill for the days the helper worked for the employer this month. Please don't stop the GIRO arrangement just yet or make sure that the levy is paid through other means.

[Return to employer's home page](#)

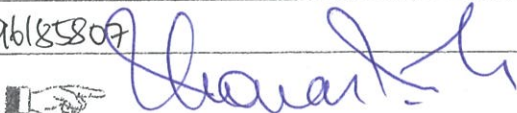


Authorisation Form for Foreign Domestic Worker Work Pass Transactions

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	Joseph Thomas George
NRIC No. / FIN	S2220003H
Contact No.	96185807
Signature and Date	

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	Karen Arilado Magagay	O 27438679	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.	Palma Sharon Asuncion R7105865
Signature and Date	