



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	<input type="text"/>		
NRIC No./ FIN	<input type="text"/>		
Contact No.	<input type="text"/>		
Signature and Date	X		
S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	<input type="text"/>	<input type="text"/>	Apply / Renew / Transfer / Cancel
2	<input type="text"/>	<input type="text"/>	Apply / Renew / Transfer / Cancel
<input type="checkbox"/> I hereby declare that I am authorising <input type="text" value="JLK Employment Services / License No. 02C3501"/> (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf.			
<i>Fill in only if applicable.</i>			
<input type="checkbox"/> I hereby authorise <input type="text"/> (Full name as in NRIC/Passport), <input type="text"/> (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			
<input type="checkbox"/> I have spoken to and verified with employer to confirm his / her authorisation.			
<input type="checkbox"/> 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.			
<input type="checkbox"/> I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions.			
<input type="checkbox"/> I declare that the information provided on this form is true and correct.			
Name of EA personnel	<input type="text"/>		
Registration No.	<input type="text"/>		
Signature and Date	<input type="text"/>		

(Please Choose)

(Please Choose)

Date :

The Controller of Work Permits
Work Permit Department
Ministry of Manpower
18 Havelock Road
Singapore 059764

Dear Sir / Madam

RE : CANCEL OF WORK PERMIT.

Name of Employer : _____

Name of Foreign Worker : _____

Worker Permit No. : _____

Date of Application : _____

I, the above-mention Employer hereby authorized **JLK Employment Services** to cancel the above work permit on my behalf.

The worker is scheduled to depart Singapore on _____ from Changi Airport
Flight No. _____ / Tanah Merah / Singapore Cruise Centre / Woodlands / Tuas Checkpoint.

Work permit will be cancel on _____.

The worker already left Singapore on _____ from Changi Airport Flight
No. _____ / Tanah Merah / Singapore Cruise Centre / Woodlands / Tuas Checkpoint.

Thank You.

Fax No.: 6732 5370 or e-mail : sales@jlkmaids.com.sg

Yours truly,

Sign / Name / NRIC No.
