



Authorisation Form for Foreign Worker Work Pass Transactions

This authorisation letter shall only be valid for 14 days from the date of employer's authorisation, and only apply to the application / renewal / transfer / cancellation of the foreign 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 | | | | |
|---|---------------------------|--|-----------------|------------------------|
| Business Name | | | | |
| Business UEN | | | | |
| Business Address | | | | |
| Representative Name/Designation | | Business Stamp, Rep. Signature & Date | | |
| Rep. NRIC/FIN No. | | | | |
| Rep. Contact No. | | | | |
| S/N | Name of Foreign Worker(s) | Passport / FIN / WP No. | Work Pass Type | Authorised Transaction |
| 1 | | | Choose an item. | Choose an item. |
| 2 | | | Choose an item. | Choose an item. |
| 3 | | | Choose an item. | Choose an item. |
| 4 | | | Choose an item. | Choose an item. |
| 5 | | | Choose an item. | Choose an item. |
| <input checked="" type="checkbox"/> I hereby declare that I am authorising | | Filmo Communications Pte Ltd (Lic No. 97C2811) (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 | | (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 | | | | |
| <input type="checkbox"/> I have spoken to and verified with employer to confirm his/her authorisation. | | | | |
| <input type="checkbox"/> I declare that I have verified the business details provided in this form in all publicly available search portals/websites. | | | | |
| <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 | | Say Kwee Ho | | Signature & Date |



| | | |
|------------------|----------|--|
| Registration No. | R1101437 | |
|------------------|----------|--|