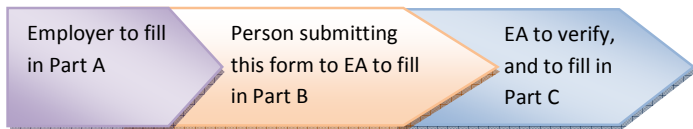


Authorised EA Name

Instructions:

PRESCRIBED AUTHORISATION FORM FOR EMPLOYMENT AGENCY (EA) FOR FOREIGN DOMESTIC WORKER

This authorisation letter shall only be valid for 14 days from the date of employer's authorisation, and only for the application / renewal / transfer / cancellation of the foreign domestic worker(s) listed below.

Authorisation for : (choose only one. Separate forms to be used for other options.)	Application for Foreign Domestic Worker(s) <input type="checkbox"/>	Renewal for Foreign Domestic Worker (s) <input type="checkbox"/>	Transfer of a Foreign Domestic Worker(s) <input type="checkbox"/>	Cancellation for Foreign Domestic Worker(s) <input type="checkbox"/>
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Part A – To be completed by Employer

S/No.	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.

Employer Name	
NRIC No./ FIN	
Contact No.	
Signature and Date	

Employer is to ensure that Part A is duly completed before the authorisation is signed and dated. Do not pre-sign a form or sign on incomplete form. Employers are to cross out rows in Part A that are not filled.

Part B - To be completed by Person submitting This form to EA

Not applicable if employer/Rep is submitting form personally

Name	
NRIC No. / FIN*	
Contact No.	
Signature / Date	

*EA to verify and enclose copy of identification card

Note: EAs should contact employer directly to confirm that the person submitting this form to the EA is authorised to do so on behalf of the employer. EAs are advised to inform MOM immediately if the person submitting this form on behalf of the business employer refuses to provide his/her ID card and contact number for verification.

Part C - To be completed by EA Personnel Receiving This Form

Name	
Registration No.	
Contact No.	

Checklist for Employment Agencies Personnel

I am aware of Para 9 of Employment Agencies Licensing Conditions	Yes <input type="checkbox"/>
I have spoken to and verified with employer to confirm his / her authorisation	Yes <input type="checkbox"/>
I have verified and enclosed a copy of identification card of employer or person submitting this form	Yes <input type="checkbox"/>
Signature and Date	