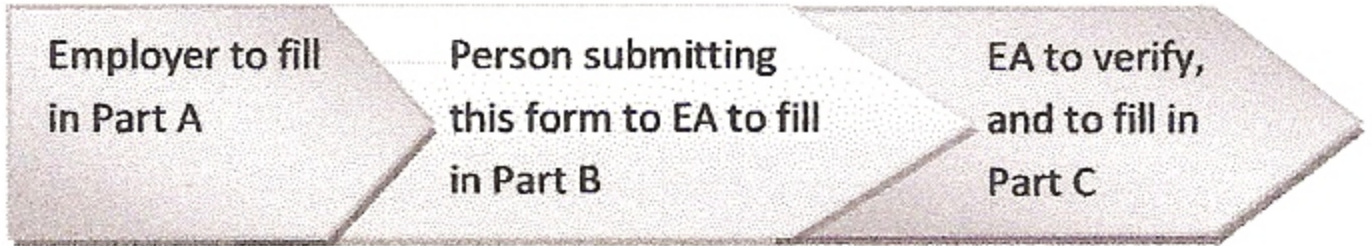


Authorised EA Name	EA No. 97C2811
<i>Filmo Communications Pte Ltd</i>	
Fax 63374730 Email: filmo.com@gmail.com	

Instructions:

PRESCRIBED AUTHORISATION FORM FOR EMPLOYMENT AGENCY (EA) FOR FOREIGN EMPLOYEE

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

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

S/No.	Name of Foreign Employee(s)	Passport / FIN / WP No.	Work Pass Type* (WP / S-Pass / EP)

Business Name	Business Stamp and Date:
Business UEN	
Business Address	
Representative Name	Representative Signature
Rep. Designation	
Rep. NRIC No./ FIN	
Rep. Contact No.	

Employer is to ensure that Part A is duly completed before signing and dating the authorisation. Do not pre-sign a form or sign a form with Part A incomplete. Prospective 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	
<i>Not applicable if employer/Rep is submitting form personally</i>	
Name	
NRIC No. / FIN*	
Contact No.	
Signature / Date	

*EA to verify and enclose copy of identification card

Note: EAs should verify the details of business & authorised representative through publicly available search portals / websites such as www.yellowpages.com.sg, & not rely only on information or contact numbers provided. EAs should contact HR personnel of the business employer directly to confirm that the person submitting this form to the EA is authorised to do so on behalf of the business 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	Say Kwee Ho (Steve)
Registration No.	RJ101437
Contact No.	9836 5486 6333 3089
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	

1 Sophia Rd #01-34 Peace Centre S-228149

Form – FW001 (version: 1 May 2012)

Please attached copy of Employer's or it's Authorised Rep's NRIC/FIN for MOM's verification