



Authorisation Form for Foreign Domestic Worker Work Pass Transactions

Please submit this form if the employer has no Singpass access. We will process the application within a week. Incompleted forms will be rejected.

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.

*Fill in this form using [Adobe Acrobat Reader DC](#).

Declaration by Employer			
Employer Name		<input type="text"/>	
NRIC/FIN		<input type="text"/>	
Contact No.		<input type="text"/>	
Signature		Date signed (Date is valid if signed within 14 days before application)	
S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	<input type="text"/>	<input type="text"/>	Apply / Request / Renew / Cancel / Reinstate / Extend / Amend / Transfer
2	<input type="text"/>	<input type="text"/>	Apply / Request / Renew / Cancel / Reinstate / Extend / Amend / Transfer
<ul style="list-style-type: none"> I hereby declare that I am authorising <input type="text"/> (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf. 			
<u>Fill in only if applicable.</u>			
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			
<ul style="list-style-type: none"> 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		<input type="text"/>	
Registration No.		<input type="text"/>	
Signature		Date signed (Date is valid if signed within 14 days before application)	

(Please Choose)

(Please Choose)