



Top Faith Pte Ltd

Ethical Hiring for FDW-Helpers and Caregivers
EA Licence Number: 20C0302 | UEN: 202027562K
Hotline: 8895 8756 | Email: topfaith2020@gmail.com

Transfer Form:

Declaration by current [employer]:

(The Work Permit Application for change of employer will only be considered if the domestic worker’s work permit expiry date is not less than 30 days from the date of this application)

Employer Full Name:		MDW Name:	
NRIC / Passport Number:		FIN Number:	
Date Of Birth:		Date Of Birth:	
Mobile Number:		Contact Number:	
Email Address:		Date of Release:	

By submitting this form I agree to release my Migrant Domestic Worker named above, to be employed by a prospective employer introduced by Top Faith Pte Ltd 20C0302.

Fully understood that until the transfer is successful, **I remain full responsible for this foreign domestic worker (including her airfare should she need to be repatriated or wishes to go home according to MOM).** <https://www.mom.gov.sg/passes-and-permits/work-permit-for-foreign-domestic-worker/employers-guide/sending-an-fdw-home>

In the meantime, if the work permit of this foreign domestic worker is expiring, I agree to either apply to extend her work permit or send her back to her home country.

Signature of Current Employer:	Date:
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Contract Termination Summary:

- Termination of current contract is requested by _____(Employer / MDW)
- Reason for Termination of current contract:



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Employer Feedback: to better understand your MDW, we appreciate if you can share some feedback on following areas, kindly indicate a number between 0-100 (“0” means extremely below average / totally unacceptable; “100” means extremely excellent / nobody can be better):

Working Attitude:		Familiarity to Local lifestyle:	
Initiative towards Work:		Learning Ability:	
Politeness:		Cooking Skills:	
Language English:		Cleanliness:	
Language Mandarin:		Attitude towards Elderlies:	
Language Others:		Nursing Skills / Knowledge:	
Handphone Usage:		Ability to cope with Stress:	
Flexibility towards Off days:		Ability to overcome Challenges:	

Employer declaration: to your best knowledge, during the employment period has your MDW been (Suspected to be) involved in any activities related to the following: (Yes/No)

Borrowing Money from Illegal Sources:		Gambling:	
Requested to stay out overnight:		Stealing:	
Moonlighting:		Dishonesty:	
Online Business;		Pregnancy:	
Alcohol:		Medical Condition:	
Smoking:		Substances Abuse:	

Message to her Future Employers:



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	<input type="text"/>		
S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	<input type="text"/>	<input type="text"/>	Transfer
2	<input type="text"/>	<input type="text"/>	Choose an item.
<input checked="" type="checkbox"/> I hereby declare that I am authorising <input type="text" value="Top Faith Pte Ltd Lic No. 20C0302"/> (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"/>		