

Work Pass Division (WPD)  
 Tel: 6317 1347  
 Fax: 6883 5355

Dear Sir

**Work Permit Cancellation**

1 I wish to cancel the Work Permit(s) of the worker(s) indicated below with immediate effect:

S/No	Work Permit No	Date of WP Application	Name of Worker	Passport No	FIN	Scheduled Departure Date	Flight No (if depart from Changi Airport Checkpoint)
1							
2							
3							

Please use a separate attachment following the above format if there are more than 3 workers.

2 The worker(s) \*is / are scheduled to depart within the next 7 days by (tick the appropriate box):

- Flight from the Changi Airport Checkpoint
- Ferry from \*Singapore Cruise Centre / Tanah Merah Checkpoint / Seamen Checkpoint
- Coach from \*Woodlands Checkpoint / Tuas Checkpoint

3 I note that the WPD's Cancellation Acknowledgement Letter and Special Pass (issued to the worker) will be faxed to my Fax No: \_\_\_\_\_ as indicated here.

4 I will detach the Special Pass for the worker to carry and surrender to the Immigration Checkpoint at the point of departure.

5 I will return the Work Permit Card(s) by (tick the appropriate box):

- Post to Work Pass Division, Ministry of Manpower, 18 Havelock Road, Singapore 059764 within next 7 days of the Work Permit cancellation
- Dropping into the Deposit Box on Level 1, MOM Building within next 7 days of the Work Permit cancellation
- Allowing worker to surrender the Work Permit Card at the Immigration Checkpoint at the point of departure

6 I understand that I can be penalised if I fail to return the Work Permit Card(s) to the WPD as required above.

7 I declare that all the information given above is true and correct.

Name & \*NRIC/ Passport No of Foreign Domestic Worker's Employer \_\_\_\_\_ Signature \_\_\_\_\_

Name & Signature of \*Sole Proprietor / Partner of Firm / Personnel Manager / General Manager / Company's Director \_\_\_\_\_ Designation in Company \_\_\_\_\_ Company's / Firm's Stamp \_\_\_\_\_

Name of Employment Agency (if acting on Employer's behalf) \_\_\_\_\_ Employment Agency's Stamp \_\_\_\_\_

Telephone No of \*Employer / Company / Employment Agency \_\_\_\_\_ Date \_\_\_\_\_  
 \*Delete where inapplicable