EA Licer 10 Jala Singap Tel Fax	Management Sence No. 04C4555 in Besar #13-03, Some 208787 : 6536 5181 : 6536 5189 : idea@ideamgt	*Please duly	complet	te this fo	orm and return t	o us by Fax No. 6	5536 5189		
Dear _	,								
e-Cancellation of Work Pass/In-Principle-Approval (IPA)									
1. We 1	nereby authorize	your agency to cand	cel the following work pa	iss.					
S/N	WP No	Date of	Name of Worker	Date	The workers are scheduled			Scheduled	Destination
	(9 digits) or	Application		to cancel the work pass/IPA	to depart within the next 7 days by			Departure Date	
	FIN No	(dd/mm/yyyy)	(Underline surname)	(dd/mm/yyyy)	(Delete if not applicable)			(dd/mm/yyyy)	
1					Coach	Ferry	Flight No:		
2					Coach	Ferry	Flight No:		
3					Coach	Ferry	Flight No:		
2. The Work Pass card(s) will be returned: (please tick)									
☐ By Post to the Work Pass Division, Ministry of Manpower, 18 Havelock Road, Singapore 059764									
□ At I	mmigration Chec	ekpoint at the point	of worker's departure						
☐ Dro	p into the Deposi	t Box at MOM by o	ourselves						
☐ Drop into the Deposit Box at MOM thru your Agency (Surcharge applicable)									
3. Please fax the Cancellation Acknowledgement Letter/Special Pass to our Fax No :							_ for us to detach th	ne Special Pass for t	the worker.
Thank	you.								

Company Stamp

Date

Contact No

Name & Signature

Designation