

IDEA Management Services Pte Ltd

EA Licence No. 04C4555

10 Jalan Besar, #13-03, Sim Lim Tower

Singapore 208787

Tel : 6536 5181

Fax : 6536 5189

Email : idea@ideamgt.com

***Please duly complete this form and return to us by Fax No. 6536 5189**

Dear _____,

e-Issuance of Work Pass

1. We wish to request issuance of work permit thru your agency.

S/N	Work Pass/FIN Number (9 digits)	Date of Application (dd/mm/yyyy)	Name of Worker (Underline surname)	Medical Result (Delete where inapplicable)		Date of Medical Report (dd/mm/yyyy)	IMM27 (White Card) Number (10 digits)	Date of SVP issued (dd/mm/yyyy)	No. of Days on SVP
1				Fit	Unfit				
2				Fit	Unfit				
3				Fit	Unfit				
4				Fit	Unfit				

2. Other information (**ignore if inapplicable**):

Personal Accident Insurance Date		Long Term Visit Pass Expiry Date	
Dependent Pass Expiry Date		Work Permit Duration for Marine Worker	

3. Please fax MOM's Work Permit Issuance Notification Letter to our **Fax No:** _____. Thank you._____
Name & Signature_____
Designation_____
Company Stamp_____
Contact No_____
Date