





**DETAILS OF EMPLOYEES UNABLE TO SUBMIT FOR WORK PERMIT  
EXTENSION, WORK SITE / EMPLOYER CHANGE**

**EMPLOYER DETAILS**

Employer Name			
Site Address			
Employer ID		Site ID	
Contact Number			

**TYPE OF SERVICE REQUIRED (Tick as Appropriate) \***

Work Permit Extension	<input type="checkbox"/>	Work Site Change	<input type="checkbox"/>	Employer Change	<input type="checkbox"/>	Extend Quota & Work Permit	<input type="checkbox"/>
Others (Please Specify)	.....						

**IF QUOTA EXTENSION**

Quota Expiry Date	D	D	M	M	Y	Y	Y	Y	Number of Months Required		
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**DETAILS OF EMPLOYEES**

#	Work Permit Number	Employee Name	Passport Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

**CONTACT PERSONS DETAILS**

Name		Date	
Designation		Contact No.	
Signature		Company Stamp (If a Company)	