

THE PHILIPPINE OVERSEAS LABOR OFFICE – SINGAPORE
ACCREDITED AGENCIES SCHEME

APPLICATION FOR ACCREDITATION (Domestic Worker)

THE APPLICANT AGENCY

Name of Agency: _____
Address: _____
Telephone: _____ Fax: _____
Employment Agency Licence No: _____
First Issued on: _____
Previous Name (If any) _____
Person in Charge: _____
Other contact No: (Handphone) _____ (Home) _____

PARTICULARS OF MOM LICENSEE

Name of Licensee: _____
Identity Card / Passport No: _____ Date of Birth: _____ Sex: _____
Home Address: _____
Telephone - Home: _____ Handphone: _____
Highest Academic / Professional Attainment: _____ Diploma

PARTICULARS OF OPERATION MANAGER . PERSON-IN-CHARGE

Name of Manager _____
Identity Card / Passport No: _____ Date of Birth: _____ Sex: _____
Home Address: _____
Telephone - Home: _____ Handphone : _____
Highest Academic / Professional Attainment: _____ Diploma

PARTICULARS OF PHILIPPINE ASSOCIATE / AGENCY

Name of Philippine Agent: _____
Address: _____
Telephone No. _____ Fax: _____
Cellular (Mobile phone No.) _____
POEA EMPLOYMENT AGENCY No. _____ **POEA-** _____
Licensee Name: _____
Name of Person in charge of Operations: _____

DECLARATION

We declare that the information we have given in this application is true and correct.
We also understand that if any of the information given is found to be untrue and/or incorrect,
We will cease to be an Accredited Agency.

Authorized Signature with
Company's stamp / seal

Name and Designation of
Signatory

Date