

CERTIFICATION OF EMPLOYMENT AND INCOME BY EMPLOYER

Application for Student Care Fee Assistance (SCFA)

Attention: TO WHOM IT MAY CONCERN

This is to certify that Mr / Mrs / Mdm/ Ms* _____
NRIC / Passport* No. _____ is working for / an
employee* of _____ (name
of employer / company*). He /she* is employed as a / an* _____
(designation) since _____ (start date of employment). His / her*
gross monthly salary is \$ _____ (include basic pay, regular overtime and
commission). He / she* is working 56 hours or more per month.

Name of Employer / Company's Representative

Signature and Company Stamp

Designation (where relevant)

Date

Employer's / Company's Address

Contact No/s.

*Please delete accordingly.