

## 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.