



## Authorisation Form for Foreign Domestic Worker Work Pass Transactions

This authorisation letter shall only be valid for 14 days from the date of employer's authorisation, and only applies to the application / renewal / transfer / cancellation of the foreign domestic worker(s) listed below. To ensure proper authorisation, employers are to indicate <u>NA</u> for rows that are not filled.

\*The softcopy of this form contains macros and can only be used with MS Word 2007 version or later. Please print out the PDF version and fill it in hardcopy if you do not have the required software.

Dec	laration by Em	ployer					
Employer Name		KIM SEONG GIL					
NRIC	No./ FIN	G0978323M					
Conta	ct No.	90912484	*				
Signa	ture and Date	Man		0 8 FEB 2019			
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction			
1.	WAI THA ZIN		MO918866	APPLY			
2.							
☐ I hereby declare that I am authorisingUNITED CHANNEL EMPLOYMENT AGENCY PTE LTD (07C4306)(Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf.							
authoris		m authorising(Full name as in nalf. A copy of the representative's N					
✓ I	have spoken to and	verified with employer to confirm his	/ her authorisation.				
	have spoken to and of the employer.	verified with employer that the perso	on submitting this form to the I	EA is authorised to do so on behalf			
☑ I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions							
☑ I declare that the information provided on this form is true and correct							
Name	of EA personnel	Helen Huang Yuling					
Regis	tration No.	R1658004					
Signa	ture and Date	R					
Ministr	y of Manpower Forei	gn Manpower Management Division	n				

1500 Bendemeer Road Singapore 339946 Tel +65 6438 5122 Web http://www.mom.gov.sg Email mom\_fmmd@mom.gov.sg

Underwritten by:



TOKIO MARINE INSURANCE SINGAPORE LTD. 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046 Managed By:

AVA INSURANCE AGENCY PTE LTD 91 Bencoolen Street #09-06 Sunshine Plaza Singapore 189652 Tel: +65 65356838 / 64635021 Fax: +65 65356828 / 64635021 Web: www.ava-ins.com.sg Company's Registration No. 201113230C

## DOMESTIC MAID APPLICATION FORM

The Insurance Act: You are to disclose in the proposal form fully and faithfully all the facts which you know or bught to know in respect of the risk that is being proposed; otherwise the policy issued hereunder may be void.

Name of Proposer			Sex/	Name of Maid		
KIM SEONG GIL			M F	WAI THA ZIN		
Address						
5 WEST COAST WA	ALK 09-09 SINGAPORE 12	7126		*Date of Birth (dd/mm/yyyy) / 24/04/1993	MA918866	
Nationality KOREAN SOUTH	SB Transmission Ref	Occupation		WP No	Nationality IYANMAR	
Name of Company		NRIC/FIN No		The Period of Insurance (dd/mm/yyyy)		
Contact No:		G0978323M		From / /	To / /	
(H)	(HP)	90912484		1 7 7 7 4 7		
* PLAN A  E. REIMBURSEME  * YES  Provided always that if my/our liability to keep shall only arise if the bru from any deliberate act the Security Bond was I/we will only be liable  G. TOP-UP FOR SI	DICAL INSURANCE CO PLAN B PLAN C NT OF INDEMNITY PAI NO Tiwe pay the additional premiu Tokio Marine Insurance Singape each of the condition under the S or omission of the Employer. W not caused by or resulted from th to pay Tokio Marine Insurance ECTION 2: H&S EXPEI	m for the waiver of coore Ltd. indemnified as security Bond was caus /here the breach of the e Employer's deliberate Singapore Ltd. a fixe	ounter indemnity, stipulated above sed by or resulted a condition under e act or omission, d sum of \$\$250.	FOR OFFICE USE ONLY	00 (\$70.00)	
personal data and to iii) I acknowledge the d	o give consent on their behalf for letailed Privacy Policy Statemen	or the above collection nt, governing the abov  COUNTER- at by virtue of signing the	i, use, process and re, posted at www.to INDEMNITY his Counter-Indemnit	FORM y Form, it is hereby understood and a	greed that a copy of it, either by way	
of fax or otherwise, shall t	ne Insurance Singapore Lt	forceable in a court of	law and shall have the	ne same legal effects as that of the o	nginai.	
20 McCallun Dear Sirs,	n Street #09-01 Tokio Marine (	Centre Singapore 069	9046			
RE: COUNTER-INDEMN	ITY FOR LETTER OF GUARAN	NTEE NO.	war			
In lieu of the cash deposi following (whichever is se	t that I/we would otherwise have elected to be covered under the	to provide as security," insurance plan):	Tokio Marine Insura	ance Singapore Ltd. ("you") agrees	to my/our request to provide the	
				of Immigration of Singapore; and/or		
				d) to the Philippine Overseas Labou		
		n or sums not exceeding	ng the amount state	d in the Letter of Guarantee and/or	insurance bond issued.	
You will have absolutaken or made agai     I/We shall accept the of Guarantee and/or	unconditionally and irrevocably sts and expenses whatsoever (ir yable by you under the Letter of ute discretion to compromise a not you under the Letter of Gui e receipts, vouchers or any off Insurance Bond as conclusive of	Il claims, payments, darantee and/or Insurantee and/or Insurantee evidence of all payeridence of my/our liab	demands, actions, s nce Bond yments made by yo bility to you	neate you for all claims, payments, need on a solicitor or client basis) white suits, proceedings, losses and liabilities or obligations income discretion without giving any notice	ities whatsoever which may be urred by you because of the Lette	
Letter of Guarantee	and/or Insurance Bond withou	it discharging or impa	day of	y under the indemnity.	,	
		> STED CHAMME	à	MV		
Signature of Witness Full Name:	lang Yuling	7C4306	10	nature of Employer Name:		
NRIC No.: NRIC No.:	R1658004	MEENCH	NR	IC No.:		

## Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D
---------	----------	--------	--------	--------	--------