

Declaration by Employer



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>MA</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.

Employer Name		LOH YEOW CHARN							
NRIC No./ FIN		S0529745A							
Contact No.		8112 3829							
Signature and Date		and							
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction					
1.	1. ZIN MAR LWIN		MD 774679.	APPLY					
2.									
I hereby declare that I am authorising <u>UNITED CHANNEL EMPLOYMENT AGENCY PTE LTD (07C4306)</u> (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf.									
Fill in only if applicable. I hereby declare that I am authorising(Full name as in NRIC/Passport)(NRIC/Passport No.), to submit this authorisation form on my behalf. A copy of the representative's NRIC/Passport is enclosed with this authorisation form. Declaration by EA									
✓ I	✓ I have spoken to and verified with employer to confirm his / her authorisation.								
I have spoken to and verified with employer that the person submitting this form to the EA is authorised to do so on behalf of the employer.									
✓ 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							
Registration No.		R1658004							
Signature and Date									

Ministry of Manpower Foreign Manpower Management Division

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

Underwritten by:



20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

TOKIO MARINE INSURANCE SINGAPORE LTD.



AVA INSURANCE AGENCY PTE LTD 91 Bencoolen Street #09-06 Sunshine Plaza Singapore 189652 Tel: +65 65356838 / 64638138 Fax: +65 6535628 / 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 ought to know in respect of the risk that is being proposed; otherwise the policy issued hereunder may be void.

. PROPOSER'S / E						
Name of Proposer LOH YEOW CHARN		Name of Maid				
Address		ZIN MAR IWIN				
		*Date of Birth (dd/mm/yyyy) Passport No				
1 KOVAN CLOSE SINGAPORE 548194				28 APR 1994 MD 774679		
Nationality SINGAPOREAN	SB Transmission Ref	Occupation		WP No	Nationality MYANMAR	
Name of Company		NRIC/FIN No S0529745A			MIANMAR	
				The Period of Insurance (dd/mm/yyyy)		
Contact No: (H)	(HP)	8112 3829	112 3829		/ To / /	
. PERIOD OF INS	URANCE:	*Please	tick one only	*Age Limit: 69 years of age 8		
* 1-YEAR					(For Filipino Helper only): 000 (\$70.00)	
	PLAN B PLAN C			FOR OFFICE USE ONLY		
	NT OF INDEMNITY PA		:	FOR OFFICE USE ONLY		
* TYES	NO					
	I/we pay the additional premit Tokio Marine Insurance Singap					
shall only arise if the bro	each of the condition under the	Security Bond was cau	sed by or resulted			
	or omission of the Employer. Vot caused by or resulted from the					
	to pay Tokio Marine Insurance					
TOP-UP FOR SI	ECTION 2 : H&S EXPE	NSES (Only wit	h 2-Year Plan)(Optional):	45.000	
3. 101-01 1010				\$30,000 (Annual Limit)	15,000)	
\$10,000 (A	Annual Limit \$5,000)	\$20,000 (Annual	Limit \$10,000)	—		
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Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D