



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 NA 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.

)ec						
200.15533	laration by Em	ployer				
nplo	oyer Name	WONG LOK BUI				
RIC No./ FIN		S0789761H				
onta	ct No.	92704985				
gna	ture and Date	Wond	意,			
/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction		
	NAW EL PHAW		MB950972	APPLY		
	ereby declare that I a	am authorising(Full name as half. A copy of the representative's	in NRIC/Passport)(NRIC NRIC/Passport is enclosed with	/Passport No.), to submit this authorisation form.		
I h	ereby declare that I a sation form on my be laration by EA	half. A copy of the representative s	in NRIC/Passport)(NRIC NRIC/Passport is enclosed with	C/Passport No.), to submit this authorisation form.		
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istry of Manpower Foreign Manpower Management Division

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

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

A. PROPOSER'S / EI		ARS		B. MAID'S PARTICULARS	
Name of Proposer			Sex /	Name of Mald	
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MAGGS				I TO A STORY MAN TO A STORY OF THE STORY OF	I now when
APT BLK 525 BEDOI	NORTH STREET 3 #08-4	44 SINGAPORE 1	646	*Date of Birth (dd/mm/yyyy) 02/61/1977	Passport No MB950972
Nationality Singapore	SB Transmission Ref	Occupation		WP No	Nationality
Name of Company	*	NRIC/FIN No		H	MYANMAR
				The Period of Insurance (dd	/mm/yyyy)
Contact No:		S0789761H		From / /	To 1 1
н)	(HP)	92361985			
Provided always that if I mylour liability to keep T shall only arise if the breater any deliberate act.	2-YEAR ICAL INSURANCE CO PLAN B PLAN C IT OF INDEMNITY PAI I NO I've pay the additional premiur oxio Marine Insurance Singapo ich of the condition under the S ir comission of the Employer. W it caused by or resulted from the pay Tokio Marine Insurance	VERAGE: PLAN D D TO INSURER In for the waiver of or re Ltd. indemnified an ecurity Bond was cau here the breach of the e Employer's deliberar Singapore Ltd. a fix USES (Only with	ounter indemnity, s stipulated above seed by or resulted le condition under te act or omission, ed sum of \$\$250 h 2-Year Plan	* \$2,000 PS7 FOR OFFICE USE ONLY	(For Filipino Helper only): ,000 (\$70.00)
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Plan D

Plan C

Plan B

Plan A

Coverage

Section