

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>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.

Employer Name		SIM CHIN SEN					
NRIC No./ FIN		S1033883B					
Contact No.		98505600					
Signature and Date		(vo-					
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction			
1.	HTOO MYAT NAND	AR KO	MD 610402	APPLY			
2.							
	hereby declare that I am authorising <u>UNITED CHANNEL EMPLOYMENT AGENCY PTE LTD (07C4306)</u> (Name and ce no. of employment agency) to perform the above work pass transaction(s) on my behalf.						
I h	nonly if applicable. hereby declare that I am authorising(Full name as in NRIC/Passport)(NRIC/Passport No.), to submit this risation form on my behalf. A copy of the representative's NRIC/Passport is enclosed with this authorisation form.						
Dec	laration by EA						
⊘ I	have spoken to and	verified with employer to confirm his	s / her authorisation.				
		rified with employer that the person submitting this form to the EA is authorised to do so on behalf					
1	of the employer. declare that I have e	ensured all necessary fields are filled	in prior to making the abovem	nentioned			
work pass transactions							
✓ I declare that the information provided on this form is true and correct							
Name	e of EA personnel	Helen Huang Yuling					
Registration No.		R1658004					
Signa	nture and Date						
		1//					

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:



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 6536838 / 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 count to know in respect of the risk that is being proposed; alterwise the policy issued hereunder may be yold.

Name of Proposer		Name of Maid				
SIM CHIN SEN		HTOO MYAT NANDAR KO				
Address				1Date of Dist (dd/sss/sss)	Descript No.	
APT BLK 25 SIN MING	ROAD #07-96 SINGAF	*Date of Birth (dd/mm/yyyy) / / 26/12/1987	MD 610402.			
Nationality SINGAPOREAN	SB Transmission Ref	Occupation		WP No	Nationality	
Name of Company		NRIC/FIN No		MYANMAR		
		S1033883B		The Period of Insurance (dd/mm/yyyy)		
Contact No:	44-			From / / 1	To / /	
(H)	(HP)	98505600		*Age Limit: 69 years of age & b	polow	
* 1-YEAR		"Please	tick one only	F. POLO GUARANTEE (F		
CHOICE OF MEDIC	AL INSURANCE CO	VERAGE:			00 (\$70.00)	
* PLANA F	LAN B PLAN C	PLAN D		FOR OFFICE USE ONLY		
. REIMBURSEMENT		D TO INSURER:				
Provided always that it		m for the waiver of cou	inter indemnity			
my/our liability to keep Toki	o Marine Insurance Singapo	ore Ltd. indemnified as	stipulated above			
shall only arise if the breach from any deliberate act or of	mission of the Employer. W	here the breach of the	condition under			
the Security Bond was not only be liable to p	aused by or resulted from the av Tokio Marine Insurance	e Employer's deliberate Singapore Ltd. a fixed	act or omission, d sum of S\$250.			
. TOP-UP FOR SECT	TION 2 : H&S EXPE	NSES (Only with	2-Year Plan)	(Optional):		
	ual Limit \$5,000)	\$20,000 (Annual L	imit \$10,000)	\$30,000 (Annual Limit \$15	5,000)	
y submitting this information						
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Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D