

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		TAN KOK CHEN								
NRIC No./ FIN		S2610255C								
Contact No.		9044 4884								
Signa	ture and Date									
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction						
1.	THET THET NWE		MD890270	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	☑ I declare that the information provided on this form is true and correct									
Name of EA personnel		Helen Huang Yuling								
Regis	stration No.	R1658004								
Signa	ature 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:



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 65356828 / 64638138 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 ought to know in respect of the risk that is being proposed; otherwise the policy issued hereunder may be void.

		.ARS				
Name of Proposer		Name of Maid				
TAN KOK CHEN			₩ ■ F	THET THET NWE		
Address						
DI V 7 SIN MING W	ALK #08-18 SINGAPORE :	575577		*Date of Birth (dd/mm/yyyy)	Passport No	
BLK / SIN MING W.	ALK #06-16 SINGAI OKE .	373377		24/04/1994	MD890270.	
Nationality	SB Transmission Ref	Occupation		WP No	Nationality	
SINGAPOREAN					MYANMAR	
Name of Company		NRIC/FIN No		The Period of Incurence (dd/mm/(num/)		
		S2610255C		The Period of Insurance (dd/mm/yyyy)		
Contact No:		020,0200		From / /	To / /	
(H)	(HP)	9044 4884		*Age Limit: 69 years of age &		
* PLAN A E. REIMBURSEME YES Provided always that if my/our liability to keep shall only arise if the bre from any deliberate act the Security Bond was not live will only be liable. TOP-UP FOR SE	PLAN B PLAN C TOF INDEMNITY PAI NO I/we pay the additional premiu Tokio Marine Insurance Singap vach of the condition under the S or omission of the Employer. W tot caused by or resulted from th to pay Tokio Marine Insurance ECTION 2: H&S EXPEN	PLAN D D TO INSURE! In for the waiver of ore Ltd. indemnified a ecurity Bond was cathere the breach of the Employer's deliber. Singapore Ltd. a fix INSES (Only wing the control of the	counter indemnity, as stipulated above used by or resulted he condition under ate act or omission, xed sum of S\$250.	FOR OFFICE USE ONLY	000 (\$70.00) 15,000)	
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Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D
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