



## 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.

Deciaration by Employer								
Employer Name		Gupta Himanshu.						
NRIC No./ FIN		S7067835G						
Contact No.		97292250						
Signa	ture and Date	Hours .	11-03-19.					
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction				
1.	THAE SU NWE		ME062287	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 have spoken to and verified with employer to confirm his / her authorisation.								
<ul> <li>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.</li> <li>I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions</li> </ul>								
✓ 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		Hun 11.	03.19	7				

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:

TOKIOMARINE

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 6535683 / 64638138 Fax: +65 6535682 / 64636021 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.

		A. PROPOSER'S / EMPLOYER'S PARTICULARS					
Name of Proposer		Name of Maid					
	nanshu		M F	THAE SU NWE			
Address				*Date of Birth (dd/mm/yyyy)	Passport No		
560 YISHUN AVENU	E 6 #08-22 SINGAPORE	24/07/1992	ME065387				
Nationality SINGAPOREAN				WP No	Nationality		
Name of Company		NRIC/FIN No		MYANMAR			
				The Period of Insurance (dd/mm/yyyy)			
Contact No:		S7067835G		From / / To / /			
(H)	(HP)	97292250					
* PLAN A  REIMBURSEMEN  * YES Provided always that if I my/our liability to keep T shall only arise if the brea from any deliberate act of the Security Bond was no I/we will only be liable to	PLAN B PLAN C  TOF INDEMNITY PA  NO Iwe pay the additional premit tokio Marine Insurance Singap ach of the condition under the sor omission of the Employer V to caused by or resulted from the to pay Tokio Marine Insurance	DVERAGE:  PLAN D  ID TO INSURER:  Im for the waiver of coore Ltd indemnified as Security Bond was caus where the breach of the the Employer's deliberate so Singapore Ltd. a fixe.  NSES (Only with	unter indemnity, stipulated above ed by or resulted condition under act or omission, d sum of S\$250	* \$2,000 \$7,  FOR OFFICE USE ONLY  (Optional):	(For Filipino Helper only)		
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Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D