

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 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.

Employer Name		LIM KOK LIANG						
NRIC No./ FIN		S7311282F						
Contact No.		9679 6619						
Signature and Date		14.07-7019						
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction				
1.	ROFIKA BT MASRAN		B5809453	APPLY				
2.								
	I hereby declare that I am authorising <u>UNITED CHANNEL EMPLOYMENT AGENCY PTE LTD (07C4306)</u> (Name and icence 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.							
TOTAL PROPERTY.								
✓ I	☑ 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		A A	14-02-26)\				
Ministr	ny of Mannoyeer Forci	an Mannower Management Divisio						

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 65356838 / 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.

A. PROPOSER'S / El	MPLOYER'S PARTICUL	B. MAID'S PARTICULARS			
Name of Proposer		Name of Maid			
LIM KOK LIANG			M F	ROFIKA BT MASRAN	
Address					
57 MIMOSA DRIVE	SINGAPORE 805462	*Date of Birth (dd/mm/yyyy) / 08/01/1984	Passport No BISO9418.		
Nationality SINGAPOREAN	SB Transmission Ref	Occupation		WP No	Nationality
Name of Company	_	NRIC/FIN No		INDONESIAN	
rame or company		S7311282F		The Period of Insurance (dd/mm/yyyy)	
Contact No:		From / / To / /			
(H)	(HP)	9679 6619		71011	
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4 /	DICAL INSURANCE CO	The state of the s			00 (\$70.00)
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The state of the s	to pay Tokio Marine Insurance	The second of the second secon			
TOP-UP FOR SE	CTION 2 : H&S EXPEN	SES (Only with 20.000 (Annual L	2-Year Plan) .imit \$10,000)	(Optional): \$30,000 (Annual Limit \$1	5,000)
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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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