

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		YAM SHONG WAI							
NRIC No./ FIN		S7340168B							
Contact No.		97910070							
Signature and Date		11 FEB 2019		B 2019					
S/N	Name of Foreign,	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction					
1.	KHIN HTAY LWIN		MD884431	APPLY					
2.			EMPLOYMA						
I hereby declare that I am authorising <u>UNITED CHANNEL EMPLOYMENT AGENCY, PTL TD (07C4306)</u> (Name and licence no. of employment agency) to perform the above work pass transaction (Spon my behalf.									
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 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 									
prints.	work pass transactions I declare that the information provided on this form is true and correct								
		Helen Huang Yuling							
Registration 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:

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 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	ARS		B. MAID'S PARTICULARS		
Name of Proposer		Name of Maid				
YAM SHONG WAI		KHIN HTAY LWIN				
Address						
189 YIO KANG ROA	D SINGAPORE 545636	*Date of Birth (dd/mm/yyyy) / / 10/03/1981	MD884431			
Nationality	SB Transmission Ref	Occupation		WP No	Nationality	
SINGAPOREAN				N	YANMAR	
Name of Company		NRIC/FIN No		The Period of Insurance (dd/mm/yyyy)		
		S7340168B		The Period of Insurance (dominiyyyy)		
Contact No:				From / /	Го / /	
(H)	(HP)	97910070		*Age Limit: 69 years of age &		
* PLAN A E. REIMBURSEMEN * YES Provided always that if my/our liability to keep To shall only arise if the breatfrom any deliberate act of the shall only any deliberate act of the shall only arise if the breatfrom any deliberate act of the shall only arise if the sha	PLAN B PLAN C IT OF INDEMNITY PAI NO I've pay the additional premiu okio Marine Insurance Singaporach of the condition under the Sor or omission of the Employer. Wo	DVERAGE: PLAN D ID TO INSURER: m for the waiver of core Ltd. indemnified as causs where the breach of the	stipulated above ed by or resulted condition under		For Filipino Helper only): 00 (\$70.00)	
y submitting this informati i) I acknowledge and c disclosed to third part ii) I declare and confirm personal data and to iii) I acknowledge the de	on: onsent to TMiS collecting, usi ty service providers, or interm that I have obtained the cons give consent on their behalf fo tailed Privacy Policy Statemen	ng, disclosing and/or p ediaries, within or outs sent of the proposer/en or the above collection, nt, governing the above	rocessing my person de Singapore. In ployer name herein use, process and an opsted at www.to.	FORM	sing/servicing my policy/claim and be has authorized me to disclose the	
IMPORTANT NOTICE: The of fax or otherwise, shall be	Employer is hereby notified the deemed binding and legally en	at by virtue of signing the forceable in a court of la	is Counter-Indemnit aw and shall have th	y Form, it is hereby understood and a ne same legal effects as that of the o	greed that a copy of it, either by way riginal.	
20 McCallum	e Insurance Singapore Lt Street #09-01 Tokio Marine (d. Centre Singapore 069	046			
Dear Sirs,	TY FOR LETTER OF GUARAN	TEE NO				
In lieu of the cash deposit		to provide as security,7	okio Marine Insura	ance Singapore Ltd. ("you") agrees	to my/our request to provide the	
			and/or Controller of	of Immigration of Singapore; and/or		
				d) to the Philippine Overseas Labou		
which guarantee(s) the pa	ayment on demand of any sur	or sums not exceeding	a the empuel state			
			g the amount state	d in the Letter of Guarantee and/or	Insurance Bond Issued.	
In return, I/we agree and			g the amount state	d in the Letter of Guarantee and/or	Insurance Bond Issued.	
I/We will, at all times, losses, liabilities, cost or which become pays You will have absolutaken or made again. I/We shall accept the	undertake as follows: unconditionally and irrevocably s and expenses whatsoever (ir able by you under the Letter of te discretion to compromise a st you under the Letter of Gus receipts, youchers or any off	y guarantee to jointly a scluding legal costs and Guarantee and/or Insu Il claims, payments, d arantee and/or Insurar ner evidence of all pay	nd severally compe expenses determinance Bond. emands, actions, since Bond. ments made by you	nsate you for all claims, payments, ned on a solicitor or client basis) whi suits, proceedings, losses and liabi	demands, actions, suits, proceeding ch may be taken or made against yo lities whatsoever which may be	
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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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