



AVA INSURANCE AGENCY PTE LTD 91 Bencoolen Street #09-06 Sunshine Plaza Singapore 189652 Tel: +65 65356828 / 64638138 Fax: +65 66356828 / 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 / EMPLOYER'S PARTICULARS				B. MAID'S PARTICULARS		
Name of Proposer Sex			Name of Maid			
GIRISH AGAR	WAL		MOF	DORIA ANABELLA DERECHO		
Address	DILL DOAD					
183 TANJONG	KHU KOAD			*Date of Birth (dd/mm/yyyy) 16 / 12 / 1986	Passport No P5615216A	
The same of the sa	111111111111111111111111111111111111111	12			Nationality	
Nationality SINGAPOREAN	SB Transmission Ref	Occupation		0 27987354	FILIPINO	
Name of Company		NRIC/FIN NO S 7887898/C		The Period of Insurance (dd/mm/yyyy)		
Contact No: (H)	(HP) 90	697799		From / /	To / /	
C. PERIOD OF INSUR	RANCE:	*Please tio	ck one only	*Age Limit: 69 years of age &	below	
* 1-YEAR 2-YEAR			F. POLO GUARANTEE (For Filipino Helper only):			
	CAL INSURANCE COV			* \$2,000 \$7,0	000 (\$70.00)	
	PLAN B PLAN C			FOR OFFICE USE ONLY		
al.	OF INDEMNITY PAID					
	NO ve pay the additional premium	for the waiver of coun	ler indemnity			
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Mary House the strain and house the control	TION 2 : H&S EXPENS	SES (Only with 2	-Year Plan)(Optional): \$\int \\$30,000 (Annual Limit \\$1	5,000)	
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Declaration by Employer

GIRISH AGARWAL S7887898C

00067700

Employer Name

NRIC No./ FIN



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.

Conta	ict No.	90967799						
Signature and Date								
S/N	Name of Foreign Domestic Worker(s)		Passport / FIN / WP No.	Authorised Transaction				
1.	ANABELLA DERECHO DORIA		P5615216A	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 have spoken to and verified with employer to confirm his / her authorisation.								
 I have spoken to and verified with employer to committee 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 declare that the information provided on this form is true and correct								
Name of EA personnel Yetty Simbar								
Regi	Registration No. R1112371							
Signature and Date								
		11117						

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