

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>MA</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.

Emplo	yer Name	TAN YING LI					
-	-						
NRIC No./ FIN		S8124124D					
Conta	ct No.	9118 1059					
Signat	cure and Date	短劲 10 Feb 2019.					
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction			
1.	MI AYE MYA NANDA	AR	MA 897618	APPLY			
2.							
		m authorising <u>UNITED CHANNEL</u> t agency) to perform the above wo					
I he	ation form on my bel	m authorising(Full name as in nalf. A copy of the representative's N					
Decl	aration by EA						
I	have spoken to and	verified with employer to confirm his	s / her authorisation.				
Contraction .	have spoken to and v f the employer.	verified with employer that the perso	on submitting this form to the I	EA is authorised to do so on behalf			
force-car"	declare that I have e ork pass transactions	nsured all necessary fields are filled	in prior to making the abovem	entioned			
✓ I	declare that the infor	mation provided on this form is true	e and correct				
Name	of EA personnel	Helen Huang Yuling					
Regis	tration No.	R1658004					
Signa	ture and Date						
Ministra	y of Mannowar Forci	an Mannower Management Divisio					

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 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.

	MPLOYER'S PARTICUL	ANG	and the second	, B. MAID'S PARTICULARS	
Name of Proposer			Sex .	Name of Maid	
TAN YING LI			■M VF	MI AYE MYA NANDAR	
Address					1
3D SANDY LANE S	INGAPORE 437319			*Date of Birth (dd/mm/yyyy)	Passport No
3D SANDT LANE S	INGAI ORE 437319			20/03/1990	MA 897618.
Nationality	SB Transmission Ref	Occupation		WP No	Nationality
SINGAPOREAN					/YANMAR
Name of Company		NRIC/FIN No		The Board of Language (date	
		S8124124D		The Period of Insurance (dd/n	nm/yyyy)
Contact No:		36124124D		From / /	То / /
(H)	(HP)	9118 1059			
* PLAN A E. REIMBURSEME * YES Provided always that if my/our liability to keep shall only arise if the brofrom any deliberate act		DVERAGE: PLAN D D TO INSURER: m for the waiver of co ore Ltd. indemnified as recurity Bond was caus there the breach of the	unter indemnity, stipulated above sed by or resulted condition under		For Filipino Helper only): 00 (\$70.00)
\$10,000 (Asy submitting this information is acknowledge and disclosed to third pation). I declare and confirmation in a declare and confirmation in the confirmation i	ation: consent to TMiS collecting, using arty service providers, or interme- to that I have obtained the cons	\$20,000 (Annual I	Limit \$10,000)	\$30,000 (Annual Limit \$1 sonal data for the purpose of process	sing/servicing my policy/claim and b
iii) I acknowledge the d	etailed Privacy Policy Statemer	or the above collection at, governing the above COUNTER-I	, use, process and e, posted at www. INDEMNITY als Counter-Indemn	d disclosure; and toklomarine.com.sg. FORM ity Form, it is hereby understood and a	igreed that a copy of it, either by way
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Schedule A: Domestic Maid Insurance & Bond Package

Section Coverage Plan A Plan B Plan C Plan C	Section	Coverage	Plan A	Plan B	Plan C	Plan D
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