

Declaration by Employer

Employer Name

NRIC No./ FIN

Contact No.



Authorisation Form for Foreign Domestic Worker Work Pass Transactions

NGOH SI TE (HU SITE)

S8233917E 98248383

Ministry of Manpower Foreign Manpower Management Division

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.

Signature and Date 89 30/07/2019									
S/N	Name of Foreign Domestic Worker(s)		Passport / FIN / WP No.	Authorised Transaction					
1,	JEANINA FLORES DE MESA		P25G4533B	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									
Ø 1	I have spoken to and verified with employer to confirm his / her authorisation.								
1000									
(e) I	of the employer. I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions								
Ø	declare that the information provided on this form is true and correct								
Name of EA personnel Palma Sh		Palma Sharon Asuncion	na Sharon Asuncion						
Registration No.		R1105865							
Signature and Date		17							

1500 Bendemeer Road Singapore 339946 Tel +65 6438 5122 Web http://www.mom.gov.sg Emall mom_fmmd@mom.gov.sg

underwritten by:



TOKIO MARINE INSURANCE SINGAPORE LTD. 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046





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 / EM	PLOYER'S PARTICULA	B. MAID'S PARTICULARS						
Name of Proposer		A	Sex M F	Name of Maid				
Ngoh SiTE (A	1 vite)	Jeanina Flores	Jeanina Flores De Nesa					
	Apodlands steet	*Date of Birth (dd/mm/yyyy)	Passport No P255US33B					
Nationality SB Transmission Ref		Occupation		WP No	Nationality			
Singaporcan	1989151			0 28077971	FILIPIND			
Name of Company		UBICA'IN NO S8233917E		The Period of Insurance (dd/mm/yyyy)				
Contact No:		From / /	From / / To / /					
(H)	(HP)	9824-83						
*-EPLANA []		/ERAGE:	ick one only	*Age Limit: 69 years of age & below F. POLO GUARANTEE (For Filipino Helper only): * \$2,000 \$7,000 (\$70.00) FOR OFFICE USE ONLY				
Provided always that if I/w my/our liability to keep Tok shall only arise if the bread from any deliberate act or the Security Bond was not	NO re pay the additional premium is Marine Insurance Singapore h of the condition under the Ser omission of the Employer. Who caused by or resulted from the i pay Tokio Marine Insurance S	for the waiver of cour b Ltd. Indemnified as s curity Bond was cause ere the breach of the c Employer's deliberate	tipulated above d by or resulted condition under act or omission,					
G. TOP-UP FOR SEC	TION 2 : H&S EXPEN	SES (Only with	2-Year Plan)(Optional): ☐\$30,000 (Annual Limit \$1	5,000)			
ii) I declare and confirm to personal date and to git iii) I acknowledge the deta	ve consent on their behalf for ited Privacy Policy Statement,	nt of the proposer/em the above collection, governing the above, COUNTER-II	ployer name her use, process an , posted at www. NDEMNITY	tokiomarine.com.sg.				
of fax or otherwise, shall be o	employer is hereby notified that leamed binding and legally enfo	by virtue of signing this riceable in a court of la	Counter-Indemi w and shall have	hity Form, it is hereby understood and the same legal effects as that of the	agreed that a copy of it, either by way original.			
To: Tokio Marine 20 McCallum S Dear Sirs.	Insurance Singapore Ltd. treet #09-01 Tokio Marine Ce	ntre Singapore 0690	46					
RE: COUNTER-INDEMNIT	FOR LETTER OF GUARANT	EE NO.	namic garrispalation on the participation and the element of the element					
following (whichever is select	ded to be covered under the in	surance plan):		rrance Singapore Ltd. ("you") agrees				
				r of Immigration of Singapore; and/or nd) to the Philippine Overseas Labor				
An Insurance Bond for \$2,000 or \$7,000 (whichever amount is indicated in the insurance bond) to the Philippine Overseas Labour Office in Singapore, which guarantee(s) the payment on demand of any sum or sums not exceeding the amount stated in the Letter of Guarantee and/or insurance Bond issued.								
In return, I/we agree and ur	dertake as follows:							
I. I/We will, at all times, ur losses, liabilities, costs or which become payab You will have absolute taken or made against I/We shall accept the roof Guarantee and/or lost. This counter indemnity Letter of Guarantee and	nconditionally and irrevocably of and expenses whatsoever (include by you under the Letter of G discretion to compromise all you under the Letter of Guarreceipts, vouchers or any othe surance Bond as conclusive eventhall be a continuing demand door insurance Bond without	iuding legal costs and uarantee and/or Insura claims, payments, de antee and/or Insurant r evidence of all payr idence of my/our liabil and you may at any t discharging or impair	expenses deternance Bond. mands, actions. ce Bond. nents made by y ity to you. time have absoluting my/our liabil	/	ich may be taken or made against y illities whatsoever which may be curred by you because of the Lette			
Paima Sh	we have hereto subscribed my/	our name(s) this	day of	year A	4			
Signature of Witness Full Name:	1	(Sugar	1001	gnature of Employer ull Name: Nach Si to (f	tu sik)			
NRIC No.: Address:		211318		RIC No.: 58233917E				