

**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.

Employer Name	LEE SIN YING TINA (LI XINYING)						
NRIC No./ FIN	S8427664B						
Contact No.	62801306/98803673						
Signature and Date	Signature and Date 31 12 18						
S/N Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction				
1. Khaing Kl	Khaing Khin Oo		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							
☑ 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.							
✓ 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	Helen Huang Yuling	•					
Registration No.	R1658004						
Signature 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



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

TOKIOMARINE



AVA INSURANCE AGENCY PTE LTD 91 Bencoolen Street #09-08 Sunshine Plaza Singapore 189652 Tel: +65 6535688/ 64638138 Fax: +65 6535682/ 64635021 Web: www.ava-ins.com.sg Campany'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 polley issued hereunder may be void.

[ EMPLOYED'S PARTICULARS

B. MAID'S PARTICULARS

A. PROPOSER'S I EM	PLOYER'S PARTICUL	AKS		B. MAID'S PARTICULARS	<b>)</b>
Name of Proposer  LEE SIN YING TINA (LI XINYING)  Sex  I M F			Name of Maid Khaing Khin 06		
Address				9	
BLK 411 TAMPINES STREET 41 #11-257 SINGAPORE 520411			*Date of Birth (dd/mm/yyyy) / / 16/02/1992	Passport No MO & y 76&1	
Nationality SINGAPOREAN	SB Transmission Ref	Occupation	**************************************	WP No	Nationality
Name of Company	-1	NRIC/FIN No		MYANMAR	
Hamo of Company				The Period of Insurance (dd/mm/yyyy)	
		S8427664B		From / / To / /	
Contact No: (H) _62801306			From / /	10 / /	
C. PERIOD OF INSU		WANT		*Age Limit: 69 years of age &	helow
* 1-YEAR D. CHOICE OF MEDI * PLAN A TEMBURSEMEN		VERAGE: PLAN D D TO INSURER:	tick one only	F. POLO GUARANTEE (	For Filipino Helper only): 000 (\$70.00)
my/our liability to keep To shall only arise if the bread from any deliberate act or the Security Bond was not	wo pay the additional premiur kito Marine Insurance Singapo th of the condition under the Si omission of the Employer. Wi caused by or resulted from the pay Tokio Marine Insurance	re Ltd. indemnified as ecurity Bond was caus- here the breach of the a Employer's deliberate	stipulated above ed by or resulted condition under act or omission,		
G. TOP-UP FOR SEC	TION 2 : H&S EXPEN	ISES (Only with	2-Year Plan	(Optional):	
□\$10,000 (An	nual Limit \$5,000) 📋 \$	20,000 (Annual L	imit \$10,000)	\$30,000 (Annual Limit \$	15,000)
IMPORTANT NOTICE: The of fax or otherwise, shall be	alled Privacy Policy Statemen Employer is hereby notified the deemed binding and legally en Insurance Singapore Lts Street #09-01 Tokio Marine C	COUNTER-I at by virtue of signing the forceable in a court of it	NDEMNITY is Counter-Indemn aw and shall have	FORM	agreed that a copy of it, either by way original.
Dear Sirs,					
RE: COUNTER-INDEMNIT	Y FOR LETTER OF GUARAN	TEE NO.			
following (whichever is sele	cted to be covered under the	nsurance plan):		rance Singapore Ltd. ("you") agree	
				of Immigration of Singapore; and/o nd) to the Philippine Overseas Labo	
the second control of				led in the Letter of Guarantee and/o	The state of the s
In return, I/we agree and u		,			
		guarantee to jointly a cluding legal costs and	nd soverally comp Lexpenses detern	ensate you for all claims, payments nined on a solicitor or client basis) wi	, demands, actions, suits, proceeding nich may be taken or made against yo
<ol><li>You will have absolute laken or made agains</li></ol>	e discretion to compromise a t you under the Letter of Guo	il claims, payments, d trantee and/or insura	emands, actions, nce Bond.	suits, proceedings, losses and lial	oilities whatsoever which may be
<ol> <li>I/We shall accept the of Guarantee and/or in</li> </ol>	receipts, vouchers or any oth surance Bond as conclusive of	er evidence of all pay evidence of my/our liab	ments made by ) ility to you.	you or all liabilities or obligations in	curred by you because of the Letter
This counter indomnity     Letter of Guarantee a	y shall be a continuing deman nd/or Insurance Bond withou	d and you may at any t discharging or impa	time have absoluting my/our liabil	ite discretion without giving any not illy under the indemnity.	ice to me/us extend the validity of the
IN WITNESS WHEREOF I	we have hereto subscribed m	y/our name(s) this	day of	your	
Signature of Witness		CANNEL FOR	Si	gnature of Employer	- 0 7.0
Full Name:	a Vulina	CHAMINE	Fu	Il Name: Lee Sin 9	up ( man
Full Name: Lee Sin Ying Full Name: Lee Sin Ying Full Name: Signature of Employer NRIC No.: Huang Yuling NRIC No.: S & 2766 4 B					
Address: R16	558004	S 97 15		3 - ( - ) (	<u> </u>
	\	* 6			

Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D