

Declaration by Employer

Employer Name



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.

SONG YANYING

NRIC No./ FIN		S8613668F							
Contact No.		9699 6275							
Signature and Date		Dung-							
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction					
1.	WAI WAI LWIN		MD 996202.	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	☑ I have spoken to and verified with employer to confirm his / her authorisation.								
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	☑ 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									
2]	☑ I declare that the information provided on this form is true and correct								
Name of EA personnel		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:



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



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.

Name of Proposer		ARS		B. MAID'S PARTICULARS		
		Name of Maid				
SONG YANYING		WAI WAI LWIN				
Address					1	
APT BLK 376B HOU	GANG STREET 32 #06-14	*Date of Birth (dd/mm/yyyy)	Passport No			
TH T BERT STOP TIOU	GIII (G GIIGDI 52 #00 I I	on on one		12/12/1985	MD 996202	
Nationality	SB Transmission Ref	Occupation		WP No	Nationality	
SINGAPOREAN				MYANMAR		
Name of Company		NRIC/FIN No S8613668F		The Period of Insurance (dd/mm/yyyy)		
				The Period of Insurance (dominiyyyy)		
Contact No:				From / /	To / /	
(H)	(HP)	9699 6275				
* PLANA	JRANCE: 2-YEAR DICAL INSURANCE CO PLAN B □PLAN C NT OF INDEMNITY PA	OVERAGE:	ick one only	*Age Limit: 69 years of age & 1 F. POLO GUARANTEE (F * \$2,000 \$7,00 FOR OFFICE USE ONLY		
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\$10,000 (A	nnual Limit \$5,000)	\$20,000 (Annual L	imit \$10,000)	\$30,000 (Annual Limit \$1:	5,000)	
			de Singapore.		. I Marriage description of the state of the st	
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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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