



JOO MOK KWONG 409 HOUGANG AVENUE 10 #09-1040 SINGAPORE 530409

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17 Sep 2019

It's time to renew your helper's work permit

Dear JOO MOK KWONG

Your helper's work permit will expire on 07 Oct 2019.

There are a few things you need to do if you want to keep her. You can log in with SingPass to renew the work permit. Use the handy checklist over the page to make sure you have everything ready before you renew.

You can also get one of your sponsors, ONG CHIN TECK or YIO HENG NGO, to log in with their SingPass and renew the work permit on your behalf.

If you don't intend to renew your helper's permit, you will need to think about transferring her to another employer or sending her home. You can find out more about this at mom.gov.sg > Foreign Manpower > Work passes and permits > Work Permit for foreign domestic worker.

Yours sincerely

A

Pansy Chow
For the Controller of Work Passes

HELPER'S NAME
MAI THU ZAR AUNG

G2724753P

WORK PERMIT NO. 0 93721314

DATE OF APPLICATION 25 SEP 2015

SECURITY BOND TRANSMISSION NO. U784248

If you wish to keep your helper

- If your address has changed recently, update the Police Post or
- Buy a new insurance package
- Then go online to renew at services.mom.gov.sg/ workpass/keepmyhelper

riangle important

There may be an overstaying fine of up to \$500 if your helper's permit is not renewed, transferred or cancelled before 07 Oct 2019

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 65356828 / 64635021 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

	PLOYER'S PARTICULA	7.1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PARTICULARS	,, 20, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1	
Name of Proposer Sex					Name of Maid		
JOO MOK KWONG					MAI THU ZAR AUNG		
Address BIK	HOG HOUGANG	AVE 10			h (dd/mm/yyyy)	Passport No	
# 09	-1040 SINHAI	ORE 5304	09	01 /	08 1986	ME 203893	
Nationality	SB Transmission Ref	Occupation		WP No		Nationality	
SINGAPOREAN	4784248			0 937	21314	MYANMAR	
Name of Company		50710881 H		The Period of	The Period of Insurance (dd/mm/yyyy)		
Contact No: (H)	(HP)	9769514	6	From 07	10/20191) / /	
	2-YEAR CAL INSURANCE COV	/ERAGE:	ck one onl	F. POLO G	9 years of age & b UARANTEE (Fe	or Filipino Helper only):	
* PLAN A PLAN B PLAN C PLAN D E. REIMBURSEMENT OF INDEMNITY PAID TO INSURER: * PYES PRO					E USE ONLY		
Provided always that if I/w my/our liability to keep Tok shall only arise if the bread from any dellberate act or the Security Bond was not	ve pay the additional premium ito Marine Insurance Singapore h of the condition under the Sec omission of the Employer. Who caused by or resulted from the lipay Tokio Marine Insurance S	Ltd. indemnified as s curity Bond was cause are the breach of the c Employer's deliberate	tipulated abov d by or resulted condition under act or omission	3			
G. TOP-UP FOR SEC	TION 2 : H&S EXPENS	SES (Only with	2-Year Pla	n)(Optional):	Appual Limit 915	(0)(0)	
disclosed to third party ii) I declare and confirm to personal data and to di	sprvice providers or intermed	liaries, within or outsion of the proposer/em the above collection.	de Singapore. ployer name h use, process :	erein, where applica	able, and that he/she	ng/servicing my policy/claim and be has authorized me to disclose their	
IMPORTANT NOTICE: The Bof fax or otherwise, shall be de-	Employer is hereby notified that leemed binding and legally enfo	COUNTER-II by virtue of signing this reable in a court of la	s Counter-Inde	mnity Form, it is here	by understood and agects as that of the ori	greed that a copy of it, either by way ginal.	
To: Tokio Marine 20 McCallum S	Insurance Singapore Ltd. treet #09-01 Tokio Marine Ce	ntre Singapore 0690	46				
Dear Sirs,							
	FOR LETTER OF GUARANT						
following (whichever is select	at liwe would otherwise have to cled to be covered under the in	surance plan):				o my/our request to provide the	
A Letter of Guarantee for \$5,000 to the Ministry of Manpower of Singapore and/or Controller of Immigration of Singapore; and/or 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							
I/We will, at all times, ur losses, liabilities, costs or which become payab You will have absolute taken or made against a love shall accept the r.	nconditionally and irrevocably g and expenses whatsoever (incl alle by you under the Letter of G discretion to compromise all you under the Letter of Guar	claims, payments, de antee and/or Insuran- er evidence of all pays	emands, action ce Bond. ments made b	ns, suits, proceeding	gs, losses and liabili	emands, actions, suits, proceedings h may be taken or made against you ties whatsoever which may be arred by you because of the Letter	
4 This counter indemnity		and you may at any	time have abs	olute discretion with bility under the inde	out giving any solice	to me/us extend the validity of the	
	we have hereto subscribed my/		day of	year			
Signature of Witness				Signature of Emplo	Jon	MOK KWON4 0881 H	
Full blooms			Signature of Emplo Full Name:	No.	11-1/ 1/00 10-1		
NRIC No.:				NRIC No.:	5071	0881H	
Address:				1110 110.	7		



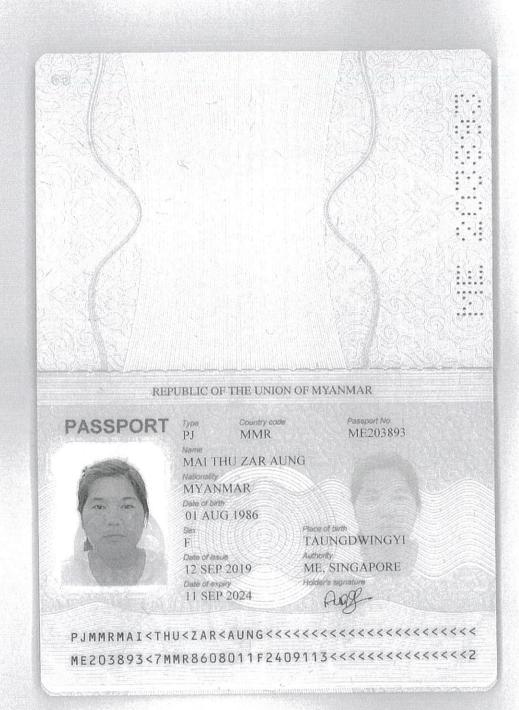


Authorisation Form for Foreign Domestic Worker Work Pass Transactions

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.

Declaration by E	mployer						
Employer Name	JOO MOK K	TOO MOK KWONG					
NRIC No./ FIN	S 0710881 H	S 0710881 H					
Contact No.	97695146						
Signature and Date		4 61					
S/N Name of Forei	gn Domestic Worker(s)	Passport / FIN / WB No.	Authorised Transaction				
1 MAI THU	ZAR AUNG	G 2724753 P					
2 I hereby declare	that I am authorizing		(Name and				
licence no. of employment agency) to perform the above work pass transaction(s) on my behalf.							
Fill in only if applicable	2						
☐ I hereby author	I hereby authorise (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 E	A	***************************************	and the second s				
☐ I have spoken t	I have spoken to and verified with employer to confirm his / her authorisation.						
☐ I have spoken	I have spoken to and verified with employer that the person submitting this form to the EA is						
authorised to d	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 personi	nel						
Registration No.							
Signature and Date							



ENDORSEMENTS, AMENDMENTS AND OBSERVATIONS

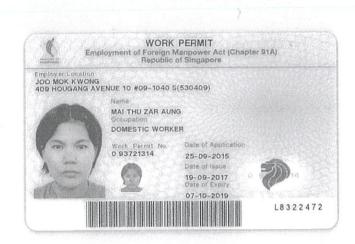
ENDORSEMENTS, AMENDMENTS AND OBSERVATIONS

This passport is issued in lieu of passport

No MB 311670 dated 16 SEP 2015



1 2 SEP 2019 (Hnin Nu Nu Aung)
First Secretary
EMBASSY OF THE REPUBLIC OF THE UNION OF MYANMAR
15, ST. MARTIN'S DRIVE
SINGAPORE



VISIT PASS Immigration Regulations

Name MAI THU ZAR AUNG

Date of Birth Sex

 Date of Birth
 Sex
 Nationality

 01-08-1986
 F
 MYANMAR

 Fin
 Date of lessine
 Oate of Expiry

 G2724753P
 19-09-2017
 07-10-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.







Use this form only if you are an Employment Agent acting on behalf of an employer

To be signed by the employer and uploaded as part of the renewal process

Declaration by the employer

- 1. In order to renew a work pass under the Employment of Foreign Manpower Act ("EFMA"), I declare that:
 - a. I am fully aware of and shall fulfil my obligations as an employer of a foreign domestic worker under the EFMA and the Employment of Foreign Manpower (Work Passes) Regulations ("EFMR") which includes the following:
 - Pay her salary promptly
 - Pay for her upkeep and maintenance, including medical treatment
 - Provide acceptable accommodation for her
 - Should she die while in Singapore, pay for her burial or cremation and pay for her body and belongings to be returned to her home
 - Take her to the Controller of Work Passes when required by Ministry of Manpower
 - Inform the Controller of Work Passes in writing within seven days when her employment ends or her work pass
 - Arrange and pay for her passage home, after giving her reasonable notice, and paying her outstanding salary.
 - b. I shall take reasonable steps to ensure that my foreign domestic worker complies with the EFMA and the EFMR; and such steps shall include reporting to the Controller of Work Passes if I know that she is non-compliant; and
 - c. I have obtained my foreign domestic worker's written consent to continue her employment with me.
 - d. I consent to MOM displaying the work pass details when my foreign domestic worker's card is scanned using MOM's work pass mobile application.
- 2. When a new security bond is needed, I declare that:
 - a. I have furnished my security bond.
 - b. I understand that the Controller of Work Passes has imposed on me a security bond for the sum of FIVE THOUSAND SINGAPORE DOLLARS (SGD 5,000) payable to the Government of the Republic of Singapore to ensure that I comply with my obligations under the EFMA and the EFMR [including those in 1(a) above];
 - c. I understand that if I breach any of my obligations as an employer of a foreign domestic worker, my Security Bond may be forfeited fully or in part. I also understand that if there is only partial forfeiture, the Government of the Republic of Singapore may forfeit the rest at a later point in time for the same breach or a different breach.
- 3. By signing this form, I indicate that I have read and understood this declaration; and intend to be bound by it. I am aware that if I have wilfully stated in it anything which I know to be false or do not believe to be true, I may be prosecuted.

Name of helper

Nai Thu

Name of employer

Signature of employer

FIN of helper

G2724753P

NRIC/FIN of employer

Date (DD-MM-YYYY)

15.09.2019