



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.

Decl	laration by Emp	oloyer	在 多数是一个一个	在在 国际的一种									
Employer Name NRIC No./ FIN Contact No.		CHENG POH LUANG CATHERINE UCS-S0954836Z 96196656											
									Signat	ture and Date	10 Cher	9-	
									S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
	ROI NU		ME228764	APPLY									
mploy	only if applicable.	erform the above work pass tr	NNEL SERVICES PTE LTD (11C4954) ansaction(s) on my behalf. as in NRIC/Passport)(NRIC tive's NRIC/Passport is enclosed with	/Passport No.), to submit th									
I he uthoris	present agency) to positive if applicable, ereby declare that I a sation form on my be laration by EA have spoken to and have spoken to and of the employer.	erform the above work pass tr im authorising(Full name half. A copy of the represental verified with employer to conf verified with employer that the	ansaction(s) on my behalf. a as in NRIC/Passport)(NRIC tive's NRIC/Passport is enclosed with	/Passport No.), to submit the this authorisation form.									
Decl	present agency) to post of the employer. declare that I as sation form on my be laration by EA have spoken to and have spoken to and of the employer. declare that I have a work pass transaction	erform the above work pass tr am authorising(Full name half. A copy of the represental verified with employer to confi verified with employer that the ensured all necessary fields are	ansaction(s) on my behalf. a as in NRIC/Passport)(NRIC tive's NRIC/Passport is enclosed with firm his / her authorisation, the person submitting this form to the te filled in prior to making the above	/Passport No.), to submit the this authorisation form.									
Decl	prompt agency) to port of applicable, ereby declare that I a sation form on my be laration by EA have spoken to and have spoken to and of the employer, declare that I have every pass transaction declare that the info	erform the above work pass tr im authorising(Full name half. A copy of the represental verified with employer to conf verified with employer that the	ansaction(s) on my behalf. a as in NRIC/Passport)(NRIC tive's NRIC/Passport is enclosed with firm his / her authorisation, the person submitting this form to the te filled in prior to making the above	/Passport No.), to submit the this authorisation form.									
Decl I I I I I I I I I I I I I I I I I I I	present agency) to post of the employer. declare that I as sation form on my be laration by EA have spoken to and have spoken to and of the employer. declare that I have a work pass transaction	erform the above work pass tr am authorising(Full name half. A copy of the represental verified with employer to conf verified with employer that the ensured all necessary fields are s	ansaction(s) on my behalf. a as in NRIC/Passport)(NRIC tive's NRIC/Passport is enclosed with firm his / her authorisation, the person submitting this form to the te filled in prior to making the above	/Passport No.), to submit the this authorisation form.									



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



AVA INSURANCE AGENCY PTE LTD
91 Benoculen Street #09.06
Sunshine Plaza Singapore 169652
Tel: +65 6536638 / 84638138
Fax: +65 65366828 / 64636021
Web: www.sva-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.

	L to know in respect of the r			B. MAID'S F	ARTICULARS			
	THE RESERVE AND THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAM		Sex	Name of Mai	1			
Cheng Poh L	ung Catherine		M ZF	Roi	New			
Cheng Poh Li Address 91 Seagcell	F13)		*Date of Birt	03/1994	ME 228 F64 Nationality			
Nationality	SB Transmission Ref	Occupation		WP No		myanmar		
s'porean		Lucio militale						
Name of Company	me of Company NRIC/FIN		0954836Z		The Period of Insurance (dd/mm/yyyy) From / / To / /			
Contact No:	96196656	Town & bolow						
DIANIA	RANCE:	*Please	a tick one only	F. POLO	GUARANTEE	000 (\$70.00)		
Provided always that if I myour liability to keep To shall only arise if the bree from any deliberate as to the Security Bono was liable.	INO Inve pay the additional premiu oldo Marine Insurance Singape oldo of the condition under the S or conission of the Employer. W ot caused by or resulted from the opey Tokoo Marine Insurance. CTION 2: H&S EXPE Innual Limit \$5,000)	Security Bond was ca there the breach of the Employer's deliber a Singapore Ltd. a fi	the condition under tate act or omission axed sum of S\$250); O (Apputa) Limit	\$15,000)		
By submitting this informat i) I acknowledge and disclosed to third par		ing, disclosing and/ nediaties, within or o sent of the propose	or processing my poutside Singapore intemployer name t	personal data for	plicable, and that h	cessing/servicing my policy/claim and be eishe has authorized me to disclose their		
IMPORTANT NOTICE: The of fax or otherwise, shall be	the Employer is hereby notified to deemed binding and legally the Insurance Singapore to Streat #09-01 Tokio Marine	COUNTE that by virtue of significant enforceable in a cour	R-INDEMNI' ng this Counter-Ind t of law and shall h	TY FORM		and agreed that a copy of it, either by way the original.		
20 McCanur	13000 444							
Dear Sirs,	THE FOR LETTER OF GUAR	ANTEE NO.			Tak Control	orses to mylour request to provide the		
LOUDWILL FAYNCE TO A PROPERTY OF THE PAYNOR	The bound of the Administration of	Manpower of Sing	aport arraner as			grees to mylour request to provide the sand/or Labour Office in Singapore, and/or Insurance Bond issued.		
which guarantee(s) the	payment on demand or say					ments demands actions, suits, proceed		
or which become page or which become page 2. You will have abso taken or made aga	tyable by you under the Letter tute discretion to compromis	e all claims, paying Guarantee and/or I other evidence of we evidence of my/o	ents, demands, a nsurance Bond all payments man our liability to you.	de by you or all absolute discre ur llability under	liabilities or obliga	ments, demands, actions, suits, proceed iss) which may be taken or made against and liabilities whatsoever which may be tions incurred by you because of the La any notice to me/us extend the validity of		
IN WITNESS WHEREC	of liwe have hereto subscribe	d my/our name(s) t	his day or	year	mere	1-		
	A	ANN	SER SER		0			
Signature of Witnes		出 "(CA954 CES	Signature Full Nam	of Employer e:			
Full Name: F.	arahizah Binte Shari R1100472	II MA	101137	NRIC NO	X .			