

**Declaration by Employer** 

**Employer Name** 

NRIC No./ FIN

Contact No.



## Authorisation Form for Foreign Domestic Worker Work Pass Transactions

MARCIA TENG PUAY WAH

UCS-S1647475D

96302930

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								
S/N	Name of Foreign Domestic Worker(s)		Passport / FIN / WP No.	Authorised Transaction				
1.	AYE THU ZAR HLAING		ME000012	APPLY				
2.								
I hereby declare that I am authorising <u>UNITED CHANNEL SERVICES PTE LTD (11C4954)</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								
M I	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 I have ensured all necessary fields are filled in prior to making the abovementioned							
₩ I	I declare that the information provided on this form is true and correct							
Name of EA personnel Farahizah Binte Shariff								
Registration No. R1100472								
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

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 6535638 / 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.

A. PROPOSER'S / EMPLOYER'S PARTICULA	B. MAID'S PARTICULARS							
Name of Proposer	Name of Maid							
MARCIA TENG PURY WAH	AYE THUZAR HLAING							
3 LORONG L TELOK KURAU			*Date of Birth (dd/mm/yyyy)	Passport No				
S(425419)	98 108 1688	ME000012						
Nationality SB Transmission Ref	Occupation		WP No	Nationality				
SINGAPOREAN			0 92588130	MYANMAR				
Name of Company	S 1647475/D		The Period of Insurance (dd/mm/yyyy)					
Contact No: (H) (HP) 96	From / / To / /							
C. PERIOD OF INSURANCE:  * 1-YEAR 2-YEAR D. CHOICE OF MEDICAL INSURANCE COV  * PLAN A PLAN B PLAN C	*Age Limit: 69 years of age & below  F. POLO GUARANTEE (For Filipino Helper only):  * \$2,000							
E. REIMBURSEMENT OF INDEMNITY PAID	TO INSURER:		-	um and administration of the control of the administration of the other of the control of the co				
Provided always that if I/we pay the additional premium my/our liability to keep Toklo Marine Insurance Singapore shall only arise if the breach of the condition under the Sec from any deliberate act or omission of the Employer. Whe the Security Bond was not caused by or resulted from the I/we will only be liable to pay Toklo Marine Insurance Si								
G. TOP-UP FOR SECTION 2: H&S EXPENSES (Only with 2-Year Plan)(Optional):  [] \$10,000 (Annual Limit \$5,000)								
By submitting this information: i) I acknowledge and consent to TMiS collecting, using, disclosing and/or processing my personal data for the purpose of processing/servicing my policy/claim and be disclosed to third parly service providers, or intermediaries, within or outside Singapore. ii) I declare and confirm that I have obtained the consent of the proposer/remployer name herein, where applicable, and that he/she has authorized me to disclose their personal data and to give consent on their behalf for the above collection, use, process and disclosure; and iii) I acknowledge the detailed Privacy Policy Statement, governing the above, posted at www.tokiomarine.com.sg.								
COUNTER-INDEMNITY FORM  IMPORTANT NOTICE: The Employer is hereby notified that by virtue of signing this Counter-Indemnity Form, it is hereby understood and agreed that a copy of it, either by way of fox or otherwise, shall be deemed binding and legally enforceable in a court of law and shall have the same legal effects as that of the original.								
To: Tokio Marine Insurance Singapore Ltd. 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046								
Dear Sirs,								
RE: COUNTER-INDEMNITY FOR LETTER OF GUARANTE								
In lieu of the cash deposit that I/we would otherwise have to following (whichever is selected to be covered under the ins	urance 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.							
<ol> <li>In return, I/we agree and undertake as follows:</li> <li>I/We will, at all times, unconditionally and irrevocably guarantee to jointly and severally compensate you for all claims, payments, demands, actions, suits, proceedings losses, liabilities, costs and expenses whatsoever (including legal costs and expenses determined on a solicitor or client basis) which may be taken or made against you or which become payable by you under the Letter of Guarantee and/or Insurance Bond.</li> <li>You will have absolute discretion to compromise all claims, payments, demands, actions, suits, proceedings, losses and liabilities whatsoever which may be taken or made against you under the Letter of Guarantee and/or Insurance Bond.</li> <li>I/We shall accept the receipts, vouchers or any other evidence of all payments made by you or all liabilities or obligations incurred by you because of the Letter of Guarantee and/or Insurance Bond as conclusive evidence of my/our liability to you.</li> <li>This counter Indemnity shall be a continuing demand and you may at any time have absolute discretion without giving any notice to me/us extend the validity of the Letter of Guarantee and/or insurance Bond without discharging or impairing my/our liability under the indemnity.</li> </ol>								
IN WITNESS WHEREOF I/we have hereto subscribed my/our name(s) this day of year								
United Channel Services Pte Ltd								
Signatus Simourathatten Road #01-22/23/24/25 Full Martely Shopping Centre Singapore 437844 NRIC No.: Fresh united on Right Company Com		Ful	Name: MARCIA TO	ENG PURY WAH.				
Address: Email: unitedes@singnet.com		NR	ICNO : 7/1/1/2	17 1				