

Declaration by Employer

TAN KENG MING

UCS-XXXXX102J

Employer Name

NRIC No./ FIN

Signature and Date



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 NA 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.

Conta	ect No.	96349201	10						
Signa	ture and Date								
S/N	Name of Foreign	Domestic Worker(s)	assport / FIN / WP No.	A.M. 1					
1.	NAW STEVEN PAW	the control of the co	Jussport / FIN / WP No.	Authorised Transaction					
2.			MB591195	APPLY					
۷,									
I h employ	ereby declare that I yment agency) to p	am authorising <u>UNITED CHAR</u> perform the above work pass tra	NNEL SERVICES PTE LTD (11C4954) ansaction(s) on my behalf.	(Name and licence no. of					
	aration by EA	half. A copy of the representati	as in NRIC/Passport)(NRIC/ ve's NRIC/Passport is enclosed with t	this authorisation form.					
-		verified with employer to confir	m his / her authorisation						
✓ 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.								
√ 1	I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions								
· I									
Name of Ea		Farahizah Binte Shariff							
Registration No.		R1100472							

Ministry of Manpower Foreign Manpower Management Division

1500 Bendemeer Road Singapore 339946 Tel +65 6438 5122 Web http://www.mcm.gov.sg Email mom_fmmd@mcm.gov.sg



AVIVA LTD 4 Sherlon Way #01-01 SGX Centre 2 Singapore 08807 Company's Registration No. 195900499k

A. PROPOSER'S / EMPLOYER'S PARTICULARS

Managed by



B. MAID'S PARTICULARS

AVA INSURANCE AGENCY PTE LTD 91 Bancaolen Streit #09-06 Sunshina Piaza Singapore 189652 Tel +65 6536893 / 164635021 Veb: 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 TAN KENG MING Address		NAW STEVEN PAW		
119C KIM TIAN ROAD #2	5-128 SINGAPORE	*Date of Birth (dd/min/yyyy) 04 / 02 / 1993	Passport No MB591195	
Nationality SINGAPOREAN SB Transmissi	lon Ref Occupation		0 93851951	Nationality MYANMAR
Name of Company	NRIC/FIN No S255010)2J	The Period of Insurance (dd/min/yyyy)	
Contact No: (H)	(HP) 96349201	From / / To / /		
C. PERIOD OF INSURANCE: *□ 1-YEAR 2-YEAR	*Please	*Age Limit 69 years of age & below F. POLO GUARANTEE (For Filipino Helper only): * \$2,000 \$7,000 (\$70.00)		
PLAN A PLAN B F REIMBURSEMENT OF INDEMN * YES NO Provided always that if twe pay the additing my/our liability to keep Aviva Ltd indemnifice of the condition under the Socurity Bond vormasian of the Employer. Where the breat caused by or resulted from the Employer's pay Aviva Ltd a fixed sum of \$\$250	idnal premium for the waiver of co of as signifiated above shall only a was caused by or resulted from any ch of the condition under the Secu	rise if the breach deliberate act or my Bond was not	FOR OFFICE USE ONLY	
On behalf of myself and all proposed Liver (whether contained in this form or obtained companies, third party service providers, re- to issue and administering existing and and/or locorint(s) including the process for statistical research, compliance, our Formore information on Aviva's data purection (IMPORTANT NOTICE. The Employer is hereb	I from office sources, existing data insurers and/or suppliers for the to bor rew policytes), and/or accounty sing of neyleur personal data for an dit and regulatory purposes a percy and full details of the purpose COUNTER-I	in Aviva's record of flowing purposes of with Aviva and con- sterwining purposes of collection, use and INDEMNITY	r to the collected as future) and transfer other purposes ancipary or intated in ayound of premiums and/or claim disclosure of your personal data. prouse FORM	erning them to Avivin related group of to the infrarestering of the policycent purposes; est http://www.avivis.com/og/j-ips/html
of fax or otherwise, shall be deemed binding at Tig. Aviva Ltd 4 Strenton Way #01-01 SGX Dear Siss.	nid legally entorceatrie in a count of i Gentre 2 Singapore 068807			
In feu of the cash deposit that twe would othe he covered under the insurance plan). A Letter of Guarantee for \$5,000 to the N	erwise have to provide as security,			olowing (whichever is selected to
An Insurance Bond for \$2,000 or \$7,000 which guaranteers) the payment on demand to return. If we agree and undertake as follows:	of any sum or sums not exceeding			
1. The will at all times, unconditionally and	d imevocably guarantee to jointly a alsoever (including legal costs and and alternation are made are for large	expenses determin		
Invenshall accept the receipts, voinclier of Guarantee and/or Insurance Bond as a continuous c		try to you.		
This counter indemnity shall be a continuent of Guarantee endor Insurance B Witness WIEREOF two have been services.		ring myrour leability		to minus extend the validity of the
Signature of Witness Foll Name Farabizah Funta S NRIC No R1100472 Address	\$ PS6POLL	Sign Full	nature of Employer Name IC No	