

Declaration by Employer

Employer Name

NRIC No./ FIN

Signature and Date

LOW YIN LING

UCS-S6882776J

91067265

Ministry of Manpower Foreign Manpower Management Division



12-01-2019

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.

S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction			
1.	NANT AYE	THU ZAR WIN	ME 229921	APPLY			
2.			* UNV				
I hereby declare that I am authorising <u>UNITED CHANNEL SELVICES PITEL TO (11C4954)</u> (Name and licence no. of employment agency) to perform the above work pass transaction on in 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 endosed with this authorisation form.							
Declaration by EA							
☑ 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	☑ I declare that the information provided on this form is true and correct						
Name of EA personnel Farahizah Binte Shariff							
Registration No.		R1100472					
Signature and Date				12-05-2019			

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

Managed By:

AVA INSURANCE AGENCY PTE LTD 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.

A. PROPOSER'S / E	MPLOYER'S PARTICUL	ARS		B. MAID'S PARTICULARS	
Name of Proposer		Name of Maid			
LOW YIN LING		NANT AYE THU ZAR WIN			
Address					T
66 LORONG M TEL	OK KURAU SINGAPORE	*Date of Birth (dd/mm/yyyy) / / /	ME 229/21		
Nationality SB Transmission Ref		Occupation		WP No	Nationality
Singapore	CO Transmissory (Co.				MYANMAR
Name of Company		NRIC/FIN No		The Period of Insurance (dd/mm/yyyy) From / / To / /	
Contact No:		UCS-S6882776J			
(H)	(HP)	91067265			
* PLAN A E. REIMBURSEME * YES Provided always that if my/our liability to keep shall only arise if the bre from any deliberate act the Security Bond was a	2-YEAR DICAL INSURANCE CO PLAN B PLAN C NT OF INDEMNITY PAI NO I/we pay the additional premiu rockic Marine Insurance Singapore ach of the condition under the S or omission of the Employer. Whot caused by or resulted from the to pay Tokio Marine Insurance	PLAN D D TO INSURER: Important for the waiver of country Bond was cause there the breach of the employer's deliberate	d by or resulted condition under act or omission,		For Filipino Helper only): 00 (\$70.00)
By submitting this informa i) I acknowledge and disclosed to third pa ii) I declare and confir	tion: consent to TMIS collecting, usi	ng, disclosing and/or predictions, within or outside the proposer/em	ocessing my pers de Singapore, ployer name here use, process and	ein, where applicable, and that he/sh	sing/servicing my policy/claim and be ne has authorized me to disclose their
ALE OR VALUE AND THE TOTAL TO	- E-make one in homeobar motified the	COUNTER-I	NDEMNITY	FORM	agreed that a copy of it, either by way riginal.
To: Tokio Maris	ne Insurance Singapore Lt n Street #09-01 Tokio Marine (d.			
Dear Sirs,					
	ITY FOR LETTER OF GUARAN				
following (whichever is si	stected to be covered under the	insurance plant;		rance Singapore Ltd. ("you") agrees	to my/our request to provide the
A Letter of Guarante	e for \$5,000 to the Ministry of N	amount is indicated in	the insurance hor	of Immigration of Singapore; and/or nd) to the Philippine Overseas Labor	ir Office in Singapore.
which quarantee(s) the	navment on demand of any sun	or sums not exceeding	the amount state	ed in the Letter of Guarantee and/or	Insurance Bond issued.
In return, I/we agree and					
I/We will, at all times losses, liabilities, cor or which become particles. You will have absolutaken or made agai. I/We shall accept the of Guarantee and/or this counter indemication.	, unconditionally and Irrevocable its and expenses whatsoever fit yable by you under the Letter of ute discretion to compromise a net you under the Letter of Gu e receipts, youchers or any off Insurance Bond as conclusive inity shall be a continuing demain and/or Insurance Bond without Ir.	ocluding legal costs and Guarantee and/or Insur ill claims, payments, di arantee and/or Insuran her evidence of all pay evidence of my/our liable and you may at any ut discharging or impal	expenses determance Bond, amands, actions, ce Bond, ments made by y lity to you. time have absoluting my/our liabiliday of	suits, proceedings, losses and liab ou or all liabilities or obligations included the discretion without diving any notice	demands, actions, suits, proceedings ich may be taken or made against you utilities whatsoever which may be curred by you because of the Letter are to me/us extend the validity of the
NRIC No.:	CHVIME		5.075	RIC No.:	
Address:	21414				

Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D