



## 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.

\*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 Employer								
Emplo	oyer Name	LOY TECK SENG SERENE (LI DEJI	NG)					
NRIC No./ FIN		UCS-S7121172Z						
Contact No.		98510312						
Signa	ture and Date	N						
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction				
1.	THUZAR M	IN-	ME183248-	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.							
authoris	I hereby declare that I am authorising(Full name as in NRIC/Passport)(NRIC/Passport No.), to submit this uthorisation form on my behalf. A copy of the representative's NRIC/Passport is enclosed with this authorisation form.							
Dec	laration by EA							
₹ I	have spoken to and	poken to and verified with employer to confirm his / her authorisation.						
	have spoken to and of the employer.	verified with employer that the person	ed with employer that the person submitting this form to the EA is authorised to do so on behalf					
"occurs"	declare that I have e vork pass transactions	ensured all necessary fields are filled s	in prior to making the abovem	entioned				
☑ I declare that the information provided on this form is true and correct								
Name of EA personnel		Farahizah Binte Shariff						
Regis	stration No.	R1100472						
Signa	ture 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

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

Name of Proposer	EMPLOYER'S PARTICUL	and Survey and an artist of the second	Sex ,	Name of Maid		
LOY TECK SENG	SERENE (LI DEJING)		■M WI	THU ZAR MIN		
Address	NG MO KIO STREET 44 #23-	05 SINGAPORE 5	561455	*Date of Birth (dd/mm/yyyy) Passport No		
All I BER 133A A	NO MO KIO DIRELI 11/23	os sir orit orits s	.01133	10/01/1994	ME183248.	
Nationality Singapore				WP No	Nationality	
		NRIC/FIN No		MYANMAR  The Period of Insurance (dd/mm/yyyy)		
Contact No:	UCS-S7121172	2Z	From / / To / /			
(H)	(HP)	98510312		1 1000	, ,	
* PLAN A  E. REIMBURSEM  * Provided always tha my/our liability to kee		DVERAGE: PLAN D D TO INSURER or for the waiver of core Ltd. indemnified a	counter indemnity, is stipulated above	* \$2,000 \$7,0	For Filipino Helper only): 00 (\$70.00)	
from any deliberate a the Security Bond wa	preach of the condition those the S act or omission of the Employer. W is not caused by or resulted from the ale to pay Tokio Marine Insurance	here the breach of the Employer's delibera	e condition under te act or omission,			
G. TOP-UP FOR	SECTION 2 : H&S EXPER	NSES (Only wit	h 2-Year Plan	n)(Optional):		
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## Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D