

Father: Arnelino S. Balliano
Mother: Estela Costinar
Cahita

RENEWAL OF WORK PERMIT / PASSPORT / VISA Documentation

**Note : Please make sure that all authorization
forms are filled and signed

(company stamp)

xiewenfeng@hotmail.com

Date : 09-09-2019

Package Fee : \$55

Official Receipt No. : K7012019091879

Insurance : Plan A

RIP : YES / NO

Name of Employer : chia mun foong (Xie wenfeng)

Contact No. : (H) 90104064 (HP)

Spouse :

Contact No. : (H) (HP)

Myanmar / Filipino / Indonesia

Name of FDW : Maria Costinar Balliano

Work Permit No. : 0 26739756 Date of Expiry : 21-10-2019

Passport No. : P3520419A Date of Expiry : 28-06-2022

Remarks / Special Instructions :

(1) WP Card Deliver to OFFICE

(2) Thumbprint Employer will bring themselves to mom.



CHIA MUN FOONG (XIE WENFENG)
412 SERANGOON CENTRAL
#03-329
SINGAPORE 550412



09 Sep 2019

It's time to renew your helper's work permit

Dear CHIA MUN FOONG (XIE WENFENG)

Your helper's work permit will expire on 21 Oct 2019.

There are a few things you need to do if you want to keep her. Use the handy checklist over the page to make sure you have everything ready before you renew.

It's also time for your helper to register her fingerprints again. Once you have renewed her work permit, we will ask you to make an appointment for your helper to report to the MOM Services Centre at Bendemeer.

If you don't intend to renew your helper's permit, you will need to think about transferring her to another employer or sending her home. You can find out more about this at mom.gov.sg > Foreign Manpower > Work passes and permits > Work Permit for foreign domestic worker.

Yours sincerely

Pansy Chow
For the Controller of Work Passes

HELPER'S NAME
MARICEL COSTINAR BALLIUNO

FIN
G2343832T

WORK PERMIT NO.
0 26739756

DATE OF APPLICATION
19 OCT 2013

SECURITY BOND TRANSMISSION NO.
V028153

If you wish to keep your helper

- 1 If your address has changed recently, update the Police Post or ICA
- 2 Buy a new insurance package
- 3 Then go online to renew at services.mom.gov.sg/workpass/keepmyhelper
- 4 Make an appointment for your helper to go to MOM Services Centre

⚠ IMPORTANT

There may be an overstaying fine of up to \$500 if your helper's permit is not renewed, transferred or cancelled before 21 Oct 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.

Declaration by Employer

Employer Name	chia mun foong (xie wenfeng)
NRIC No. / FIN	SXXXX979F
Contact No.	9010-4064
Signature and Date	

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / <u>WP No.</u>	Authorised Transaction
1	Maricel Constinar Balliano	G2343832T	Renewal
2			

☒ I hereby declare that I am authorising _____ (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 authorise _____ (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

- ☐ 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 the information provided on this form is true and correct.

Name of EA personnel	
Registration No.	
Signature and Date	



Use this form only if you are an Employment Agent acting on behalf of an employer

To be signed by the employer and uploaded as part of the renewal process

Declaration by the employer

1. In order to renew a work pass under the Employment of Foreign Manpower Act ("EFMA"), I declare that:
 - a. I am fully aware of and shall fulfil my obligations as an employer of a foreign domestic worker under the EFMA and the Employment of Foreign Manpower (Work Passes) Regulations ("EFMR") which includes the following:
 - Pay her salary promptly
 - Pay for her upkeep and maintenance, including medical treatment
 - Provide acceptable accommodation for her
 - Should she die while in Singapore, pay for her burial or cremation and pay for her body and belongings to be returned to her home
 - Take her to the Controller of Work Passes when required by Ministry of Manpower
 - Inform the Controller of Work Passes in writing within seven days when her employment ends or her work pass is cancelled
 - Arrange and pay for her passage home, after giving her reasonable notice, and paying her outstanding salary.
 - b. I shall take reasonable steps to ensure that my foreign domestic worker complies with the EFMA and the EFMR; and such steps shall include reporting to the Controller of Work Passes if I know that she is non-compliant; and
 - c. I have obtained my foreign domestic worker's written consent to continue her employment with me.
 - d. I consent to MOM displaying the work pass details when my foreign domestic worker's card is scanned using MOM's work pass mobile application.
2. When a new security bond is needed, I declare that:
 - a. I have furnished my security bond.
 - b. I understand that the Controller of Work Passes has imposed on me a security bond for the sum of FIVE THOUSAND SINGAPORE DOLLARS (SGD 5,000) payable to the Government of the Republic of Singapore to ensure that I comply with my obligations under the EFMA and the EFMR [including those in 1(a) above];
 - c. I understand that if I breach any of my obligations as an employer of a foreign domestic worker, my Security Bond may be forfeited fully or in part. I also understand that if there is only partial forfeiture, the Government of the Republic of Singapore may forfeit the rest at a later point in time for the same breach or a different breach.
3. By signing this form, I indicate that I have read and understood this declaration; and intend to be bound by it. I am aware that if I have wilfully stated in it anything which I know to be false or do not believe to be true, I may be prosecuted.

Name of helper

Maricel Costinar Balliuno

FIN of helper

G2343832T

Name of employer

Chia Mun Foong (xie wenteng)

NRIC/FIN of employer

S7724979F

Signature of employer



Date (DD-MM-YYYY)

09-09-2019

Underwritten by:



TOKIO MARINE

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 / EMPLOYER'S PARTICULARS

Name of Proposer chia mun foong (xie wenpeng)		Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address 412 serangoon central #03-329 S(550412)		
Nationality Singaporean	SB Transmission Ref V028153	Occupation
Name of Company		NRIC/FIN No S7724979F
Contact No: (H) _____ (HP) 9010-4064		

B. MAID'S PARTICULARS

Name of Maid maricel constinar Balliuno	
*Date of Birth (dd/mm/yyyy) 05 / 06 / 1986	Passport No P3520419A
WP No 0 26730756	Nationality FILIPINO
The Period of Insurance (dd/mm/yyyy) From 21 / 10 / 2019 To _____ / _____ / _____	

C. PERIOD OF INSURANCE:

*Please tick one only

* ☐ 1-YEAR ☒ 2-YEAR

D. CHOICE OF MEDICAL INSURANCE COVERAGE:

* ☒ PLAN A ☐ PLAN B ☐ PLAN C ☐ PLAN D

E. REIMBURSEMENT OF INDEMNITY PAID TO INSURER:

* ☒ YES ☐ NO

Provided always that if I/we pay the additional premium for the waiver of counter indemnity, my/our liability to keep Tokio Marine Insurance Singapore Ltd. indemnified as stipulated above shall only arise if the breach of the condition under the Security Bond was caused by or resulted from any deliberate act or omission of the Employer. Where the breach of the condition under the Security Bond was not caused by or resulted from the Employer's deliberate act or omission, I/we will only be liable to pay Tokio Marine Insurance Singapore Ltd. a fixed sum of S\$250.

*Age Limit: 69 years of age & below

F. POLO GUARANTEE (For Filipino Helper only):

* ☒ \$2,000 ☐ \$7,000 (\$70.00)

FOR OFFICE USE ONLY

G. TOP-UP FOR SECTION 2 : H&S EXPENSES (Only with 2-Year Plan)(Optional):

☐ \$10,000 (Annual Limit \$5,000) ☐ \$20,000 (Annual Limit \$10,000) ☐ \$30,000 (Annual Limit \$15,000)

By submitting this information:

- 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 party service providers, or intermediaries, within or outside Singapore.
- I declare and confirm that I have obtained the consent of the proposer/employer 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
- 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 fax 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 GUARANTEE NO. _____

In lieu of the cash deposit that I/we would otherwise have to provide as security, **Tokio Marine Insurance Singapore Ltd.** ("you") agrees to my/our request to provide the following (whichever is selected to be covered under the insurance plan):

- ☐ 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.

In return, I/we agree and undertake as follows:

- 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.
- 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.
- 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.
- 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.

IN WITNESS WHEREOF I/we have hereto subscribed my/our name(s) this _____ day of _____ year

Signature of Witness

Full Name:

NRIC No.:

Address:

Signature of Employer

Full Name:

NRIC No.:



United Channel

865 Mountbatten Road, #01-22/23/24/25, Katong Shopping Centre, Singapore 437844

Tel: 6344 8807 Fax: 6345 0806 Email: unitedes@singnet.com

License No. 11C4954

www.unitedchannel.com.sg

Business Registration No. 201012751K

BOOKING INVOICE

Employer Detail

Employer Name: CHIA MUN FOONG (XIE WENFENG) NRIC No: UCS-XXXXX979F
Booking No: UCS/KT010909191197 Date: 09-09-2019

FDW Detail

FDW's Name: MARICEL COSTINAR BALLIUNO Code No: VDA
Nationality: Placement Fee: \$0.00

Description

Work Permit Renewal (on line) MOM charge - \$35.00	55.00
Insurance (Plan A, 26 months)	246.10
Indemnity Insurance (Non-transferable)	53.50
POEA CONTRACT (Philippine Overseas Employment Administration)	350.00
2K Bond (F.POLO GURANTEE)	40.00

Grand Total

\$744.60

Receipt No.	Date	Amount	Description	Payment Mode/Ref
UCS-KT012019091879	09-09-2019	\$ 744.60	Booking Fee	Cash-

*payment includes 7% GST where its applicable.

Amount Balance

\$0.00

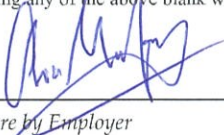
I would like to stay in touch with the company to get updates and promotion via phone, mail, email and other means of communication. By agreeing the above, I understand that:-
a. The company and their representatives may collect, use and/or disclose my personal data for contacting me about services and products offered by the Company and our related business Company.

b. My response here does not affect my other consents given to the Company and their Representatives and their right at law in respect of my personal data.

i. This consent is independent of this Service Agreement and the relevant service offer.

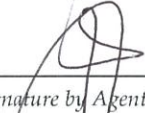
ii. This option include voice calls, text and fax via my Singapore telephone numbers in your record from time to time.

iii. Leaving any of the above blank will not be treated as a withdrawal of any other consent I may have previously provide to the company and their Representative.


Signature by Employer

Name: CHIA MUN FOONG (XIE WENFENG)

NRIC: UCS-XXXXX979F


Signature by Agent

Name: Palma Sharon Asuncion

Reg No: R1105865

Any enquiries/feedback, kindly contact us at unitedes@singnet.com