

**Declaration by Employer** 



## 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.

| Employer Name   |   | JIANG HONGHUI      |  |                        |  |  |  |
|---|---|--------------------|--|------------------------|--|--|--|
| NRIC No./ FIN   |   | S7919265I          |  |                        |  |  |  |
| Contact No.   |   | 98517548           |  |                        |  |  |  |
| Signature and Date  |   | 13/10/2019         |  |                        |  |  |  |
| S/N   | Name of Foreign   | Domestic Worker(s) | Passport / FIN / WP No.  | Authorised Transaction |  |  |  |
| 1.  | ZIN MAR HLAINĞ  |                    | MD998351   | 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   |   |                    |  |                        |  |  |  |
| ✓ I   | ✓ I have spoken to and verified with employer to confirm his / her authorisation.   |                    |  |                        |  |  |  |
| Section 1   | I have spoken to and verified with employer that the person submitting this form to the EA is authorised to do so on behalf   |                    |  |                        |  |  |  |
| ✓ I   | 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  |   | Soh Geok Sian      |  |                        |  |  |  |
| Registration No.  |   | R1100683           |  |                        |  |  |  |
| Signature and Date  |   |                    |  |                        |  |  |  |
|   |   |                    | MATERIA DE LA CONTRACTOR DE LA CONTRACTO |                        |  |  |  |

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 ought to know in respect of the risk that is being proposed; otherwise the policy issued hereunder may be void.

| Name of Proposer  |  | B. MAID'S PARTICULARS  Name of Maid   |   |  |   |  |
|---|--|---|---|--|---|--|
| JIANG HONGHU  | I  |   | Sex M F   | ZIN MAR HLAING   |   |  |
| Address   |  |   |   |  |   |  |
| 196 DEPOT ROA   | LD #05-30 SPORE 109692   | *Date of Birth (dd/mm/yyyy)<br>/ /<br>24/05/1986  | MD 998351   |  |   |  |
| Nationality   | SB Transmission Ref  | Occupation  |   | WP No  | Nationality   |  |
| Singapore   |  | Singapore   |   | N  | YANMAR  |  |
| Name of Company   |  | S7919265I   |   | The Period of Insurance (dd/mm/yyyy)   |   |  |
| Contact No:   |  |   |   | From / / To / /  |   |  |
| H)<br>, PERIOD OF I   | (HP)   | 98517548  | tick one only   | *Age Limit: 69 years of age &  |   |  |
| PLAN A REIMBURSE!  * YES Provided always th my/our liability to ke shall only arise if the from any deliberate the Security Bond w I/we will only be lia  | PLAN B PLAN C MENT OF INDEMNITY PAI A PLAN B PLAN C MENT OF INDEMNITY PAI A NO act if I we pay the additional premiu app Tokio Marine Insurance Singapo a breach of the condition under the S act or omission of the Employer. W ars not caused by or resulted from the able to pay Tokio Marine Insurance   | m for the waiver of coore Ltd. indemnified as recurity Bond was caus fivere the breach of the Employer's deliberate Singapore Ltd. a fixe   | sunter indemnity,<br>stipulated above<br>sed by or resulted<br>condition under<br>a act or omission,<br>d sum of \$\$250.   | * \$2,000 \$7,0  | For Filipino Helper only):<br>00 (\$70.00)  |  |
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Schedule A: Domestic Maid Insurance & Bond Package

| Section | Coverage | Plan A | Plan B | Plan C | Plan D |
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