



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 MA 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		YANG JIANCI				
NRIC No./ FIN		UCS-XXXXX090Z		populari in a superiori de superiori de superiori de la companio del la companio de la companio del la companio de la companio del la companio de la companio de la companio del la companio de la companio del la companio del la companio del la companio del la co		
Contact No.		92258144				
Signature and Date						
s/N	Name of Foreign Domestic Worker(s)		Passport / FIN / WP No.	Authorised Transaction		
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2.	And the second discussion of the second discus		te (111. a) (Salad Billiothi (1511) (1900-10) (Sanaan ta'uurin dha'dha baran ay ay ballad Siid (Salad Billiothi			
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 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

l						
AN ASSESSMENT	Name of EA personnel	Farahizah Binte Shariff				
-	Registration No.	R1100472				
	Signature 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 / 64695021 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 Sex				Name of Maid		
YANG JIANCI				KHAING ZIN ZIN OO			
Address					Λο.		
181 YUNG SHENG	ROAD #14-97 SPORE 6101	81		*Date of Birth (dd/mm/yyyy) 05/11/1993	Passport No MST		
Nationality	SB Transmission Ref	Occupation		0 94525012,	Nationality MYANMAR		
Name of Company		NRIC/FIN No					
		UCS-XXXXX	0007	The Period of Insurance (dd/r	nm/yyyy)		
Contact No:		OCS-AAAAA	1902	From / /	To / /		
(H)	(HP)	92258144					
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Ry cubmitting this informs	tion:	\$20,000 (Annual	LITTIL \$ 10,000)	\$30,000 (Annual Limit \$1	0,000/		
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Schedule A: Domestic Maid Insurance & Bond Package

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