



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								
Employer Name		LEE EE MENG KELVIN (LI YIMING KELVIN)						
NRIC No./ FIN		UCS-XXXXX597D						
Contact No.		+65 9768 2982						
Signature and Date		- Chind						
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction				
1.	JOVELYN ARELLANO DUBLA		P/623233B	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.								
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								
lacksquare 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 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 / 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	EMPLOYER'S PARTICULA	ARS		B. MAID'S PARTICULARS			
TER ER MENG KET		Name of Maid					
LEE EE-MENG KEL	VIN (LI YIMING KELVIN)		✓ M F	JOVELYN ARELLANO DUBLA			
Address					1		
S CICL AD DOAD #	15-34 MANDARIN GARDEN	C CINICA DODE 145	2008	*Date of Birth (dd/mm/yyyy)	Passport No		
3 SIGLAP ROAD #	3 SINGAPORE 440	3900	04/05/1988	P1623833B			
Nationality	SB Transmission Ref	Occupation		WP No	Nationality		
SINGAPOREAN	U54137-	Оссираноп		181(9607 FILIPINO			
Name of Company		NRIC/FIN No		The Devied of Incurence (dd/m	am/anan/)		
		UCS-XXXXX59	7D	The Period of Insurance (dd/mm/yyyy)			
Contact No:			From / / To / /				
(H)	(HP)	H65 9768 2982 / 979	28292				
* PLAN A E. REIMBURSEME		VERAGE:	ick one only	*Age Limit: 69 years of age & 8 F. POLO GUARANTEE (F * \$2,000 \$7,00 FOR OFFICE USE ONLY			
my/our liability to keep shall only arise if the b from any deliberate ac the Security Bond was I/we will only be liable G. TOP-UP FOR S	if I/we pay the additional premium of Tokio Marine Insurance Singaporeach of the condition under the Sector omission of the Employer. Who not caused by or resulted from the eto pay Tokio Marine Insurance SECTION 2: H&S EXPEN	e Ltd. indemnified as a curity Bond was cause ere the breach of the Employer's deliberate Singapore Ltd. a fixed SES (Only with	stipulated above d by or resulted condition under act or omission, sum of S\$250. 2-Year Plan)	Optional):	5,000		
\$10,000 (Annual Limit \$5,000) 3	20,000 (Annual L	imit \$10,000)	\$30,000 (Annual Limit \$15	5,000)		
ii) I declare and confi personal data and	to give consent on their behalf for detailed Privacy Policy Statement	nt of the proposer/em the above collection, governing the above	ployer name here use, process and	in, where applicable, and that he/shi disclosure; and bkiomarine.com.sg.	e has authorized me to disclose the		
IMPORTANT NOTICE: 1	The Employer is hereby notified that be deemed binding and legally enfo	by virtue of signing this	NDEMNITY s Counter-Indemnition and shall have to	v Form it is hereby understood and a	greed that a copy of it, either by way		
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Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D
	Letter of Guarantee		S\$5.0	00	