

**Declaration by Employer** 

**Employer Name** 

NRIC No./ FIN

Contact No.



## Authorisation Form for Foreign Domestic Worker Work Pass Transactions

ZHUO MINGDA RIESNARD

UCS-S8308952J

96655435

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.

11 CO 30 C 12 L	ture and Date	Ries	CIG					
S/N	Name of Foreign	Domestic Worker(s)		Passport / FIN / WP No.	Authorised Transaction			
1.	MYO THINZAR			ME 093 128 .	APPLY			
2.	31 2 0 0	- 1477.						
		am authorising <u>UNIT</u> erform the above work			(Name and licence no. of			
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.								
Dec	laration by EA							
FT-TPA		verified with employer	to confirm his	s / her authorisation.				
<ul><li>✓ I</li><li>✓ I</li><li>✓ I</li></ul>	have spoken to and have spoken to and of the employer.  declare that I have e	verified with employer	that the pers		EA is authorised to do so on behalf entioned			
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Underwritten by:





AVA INSURANCE AGENCY PTE LTD 91 Bencoolen Street #09-06 Sunshine Plaza Singapore 189652 Tel: +65 65356828 / 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 / EN	PLOYER'S PARTICUL	ARS			B. MAID'S PARTICULARS	
Name of Proposer Sex			/	Name of Maid		
ZHUO MINGDA RIESNARD			M	F	MYO THINZAR	
Address						
178 BUKIT BATOK W	VEST AVENUE 8 #04-227	SINGAPORE 650	178		*Date of Birth (dd/mm/yyyy) / / 13/05/1994	ME 093128
Nationality	SB Transmission Ref	Occupation			WP No	Nationality
SINGAPOREAN				N	YANMAR	
Name of Company	NRIC/FIN No		The Period of Insurance (dd/mm/yyyy)			
		UCS-S8308952	2J		The Period of Insurance (dum	пиуууу)
Contact No:			From / / To / /			
H)	(HP)	96655435				
. PERIOD OF INSU	RANCE:	*Please	tick one	only	*Age Limit: 69 years of age & b	
* 1-YEAR	2-YEAR ICAL INSURANCE CO				F. POLO GUARANTEE (F	
CHOICE OF MED	ICAL INSURANCE CO	VERAGE:			\$2,000	00 (\$70.00)
	PLAN B PLAN C				FOR OFFICE USE ONLY	
*	T OF INDEMNITY PAI	D TO INSURER	::			
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	we pay the additional premius okio Marine Insurance Singapo					
shall only arise if the brea	ch of the condition under the S	Security Bond was cau	sed by or re	sulted		
	r omission of the Employer. W It caused by or resulted from th					
I/we will only be liable to	pay Tokio Marine Insurance	Singapore Ltd. a fixe	ed sum of S	\$250		
. TOP-UP FOR SE	CTION 2 : H&S EXPER	NSES (Only wit	h 2-Year	Plan)(	Optional):	- 000)
	nnual Limit \$5,000)	\$20,000 (Annual	Limit \$10	,000)	\$30,000 (Annual Limit \$15	5,000)
510,000 (Ar						
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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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