

**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 of 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		TAY JINGSHENG					
NRIC No./ FIN		UCS-XXXXX315D					
Contact No.		+65 8168 8040					
Signature and Date		12-					
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction			
1.	SANITA EVANGELI	NE ALTECIN	P4712438B	APPLY			
2.		81 S 31					
✓ 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							
<b>□</b> 1	☑ I have spoken to and verified with employer to confirm his / her authorisation.						
906000							
of the employer.  I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions							
☑ I	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		18					
-							

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

Address:

AVIVA LTD 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 Company's Registration No. 196900499k

## UCS



Managed by

AVA INSURANCE AGENCY PTE LTD 91 Bencoolen Street #09-06 Sunshine Plaza Singapore 189652 Tel: +65 65356838 / 64638138 Fax: +65 66356828 / 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 pught to know in respect of the risk that is being proposed; otherwise the policy issued hereunder may be void.

	nt to know in respect of the	~ .	oposea; otnerwis	B. MAID'S PARTICULARS	ay be void.
	PLUTER'S PARTICULA	CAI	Sex	Name of Maid	
Name of Proposer TAY JINGSHE	NG		✓M □F	SANITA EVANGELINE ALTECIN	
	ENJA ROAD #10 EN SINGAPORI			*Date of Birth (dd/mm/yyyy) 30/12/1989	Passport No P4712438B
Nationality SINGAPOREAN	tionality SB Transmission Ref Occupation			WP No	Nationality FILIPINO
Name of Company		NRIC/FIN No S8333315D		The Period of Insurance (dd/mm/yyyy)  From / / To / /	
Contact No: (H)	(HP)	XXXX - 8040			
* PLAN A  E. REIMBURSEMENT  YES  Provided always that if I/ my/our liability to keep Av of the condition under the omission of the Employer	CAL INSURANCE COV PLAN B PLAN C FOR INDEMNITY PAID NO we pay the additional premium riva Ltd indemnified as stipulate a security Bond was caused by the whom the Employer's deliberate acming the condition of the	PLAN D TO INSURER:  for the waiver of coud above shall only and or resulted from any littlen under the Security	ise if the breach deliberate act or ity Bond was not	F. POLO GUARANTEE (F * \$2,000 \$7,00	
to issue and administe and/or account(s), inc     for statistical, research For more information on Avi	luding the processing of my/our n, compliance, audit and regulal va's data protection policy and full	(ies) and/or account(s personal data for und lory purposes, details of the purpose of COUNTER-II	with Aviva and su lerwriting purposes collection, use and NDEMNITY	ch other purposes ancillary or related s, payment of premiums and/or claims disclosure of your personal data, please FORM y Form, it is hereby understood and are	: purposes; visit http://www.aviva.com.sg/pdpa.htn
of fax or otherwise, shall be To: Aviva Ltd	deemed binding and legally enfo	rceable in a court of la	w and shall have the	ne same legal effects as that of the or	ginal.
4 Shenton W Dear Sirs,	/ay #01-01 SGX Centre 2 Sir	gapore 068807			
RE: COUNTER-INDEMNIT	Y FOR LETTER OF GUARANT	EE NO			
be covered under the insura	ance plan):	•		rees to my/our request to provide the formal firm and a standar and a st	allowing (whichever is selected to
				d) to the Philippine Overseas Labour	
	# 144 N N N N N N N N N N N N N N N N N N	r sums not exceeding	the amount state	d in the Letter of Guarantee and/or Ir	isurance Bond issued.
losses, liabilities, costs a or which become payab 2. You will have absolute taken or made against 3. I/We shall accept the r	nconditionally and irrevocably g and expenses whatsoever (include le by you under the Letter of Gu discretion to compromise all c you under the Letter of Guara	uding legal costs and e parantee and/or Insura laims, payments, der intee and/or Insuranc r evidence of all paym	expenses determin ince Bond. mands, actions, si de Bond. ments made by vo	nsate you for all claims, payments, ded on a solicitor or client basis) which uits, proceedings, losses and liabiliti u or all tiabilities or obligations incu	n may be taken or made against yo
4. This counter indemnity		and you may at any ti	me have absolute	discretion without giving any notice under the indemnity.	to me/us extend the validity of the
IN WITNESS WHEREOF IA	we have hereto subscribed my/	our name(s) this	day of	year A	
Signature of Witness Full Name:				nature of Employer	
NRIC No.:				Name:	
Addenses			NRI	C No.:	

FORM A

## Agency: UNITED CHANNEL SERVICES PTE LTD (Licence No: 11C4954) Service & Fees Schedule for NEW of FDW

	* delete where appropriate		
PART A: Particulars of FDW Selected		Date :	08-06-2020
Name of FDW Selected	SANITA EVANGELINE ALTECIN		
Nationality	FILIPINO		
Passport No			
Salary	\$ 668 [COMPENSATION:\$ 88, OFF DAY:4/Prefer 1]		
PART B: SERVICE FEE			SS
The services Fee shall include the following:			
Agency Fee			1488.00
Documentation Fee (OVERSEAS)			500.00
Indemnity Insurance (Non-transferable)			53.50
Insurance (Plan A, 26 months)			246.10
Medical			50.00
SIP (Settling-In-Programme)			75.00
Administrative & Transporation			75.00
WPOL Filing Fee (\$35 application+\$35 e-issue)			70.00
	TOTAL S.	ERVICE PACKAGE FEE	2,457.60
PART C: Placement Fee for Replacement FDW			
1. Service fee charged on the FDW by the Agency	(subject to fee cap)		\$580.00
Breakdown of Service fee			
\$580 * 1 month salary			
2. Overseas Placement Fee			\$1740.00
	TOTA	AL PLACEMENT FEE	\$ 2,320.00
Accident Hospitalization & Surgical Insurance cov 2.Employer is to give the FDW (1) month probatio 3.Employer is liable for the food & lodging of the		nium and the cost of selected B	anker's Guarantee, Personal
	I in Part A of this Schedule is selected by me and I agree to pay the	various fees and schedule of p	ayment stated in Parts B and C.
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Signature by Employer

NRIC: UCS-XXXXX315D

Signed for and on behalf United Channel Services Pte Ltd

Agent's name: Farahizah Binte Shariff

Reg No: R1100472