

**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		CHUNG TZE KHIT (ZENG ZIJIE).						
NRIC No./ FIN		UCS-S8528577G						
Contact No.		8503 7888/						
Signature and Date		July						
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction				
1.	SAN SAN MAR		ME097745	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								
	1.70	verified with employer to confirm his						
	☑ 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.							
<b>/</b>								
<b>2</b> ]	I declare that the information provided on this form is true and correct							
Name of EA personnel Farahizal Bint		Farahizah Binte Shariff	hariff					
Registration No.		R1100472						
Signature and Date		$\wedge$						
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		A. PROPOSER'S / EMPLOYER'S PARTICULARS					
		Name of Maid					
CHUNG TZE KHIT	(ZENG ZIJIE).	SAN SAN MAR					
Address							
1 BEDOK TERRACE	E SINGAPORE 469160	*Date of Birth (dd/mm/yyyy) / 29/09/1987	Passport No Mt 097745				
Nationality SINGAPOREAN	SB Transmission Ref	Occupation		WP No	Nationality		
Name of Company		NRIC/FIN No					
		1100 00500555		The Period of Insurance (dd/m	im/yyyy)		
Contact No:		UCS-S85285770	J	From / / T	o / /		
(H)	(HP)	8503 7888					
C. PERIOD OF INS	UDANCE.		tick one only	*Age Limit: 69 years of age & b	pelow		
* 1-YEAR D. CHOICE OF ME	2-YEAR DICAL INSURANCE CO	OVERAGE:	tick one only	F. POLO GUARANTEE (F			
	PLAN B PLAN C			FOR OFFICE USE ONLY			
E. REIMBURSEME	NT OF INDEMNITY PAI	D TO INSURER:					
* YES	NO						
my/our liability to keep shall only arise if the bre from any deliberate act the Security Bond was n	Tiwe pay the additional premiu Tokio Marine Insurance Singapc each of the condition under the S or omission of the Employer. W not caused by or resulted from th						
G. TOP-UP FOR SE	to pay Tokio Marine Insurance ECTION 2 : H&S EXPER	NSES (Only with	2-Year Plan)	(Optional):	5,000)		
		\$20,000 (Annual L	.11111 \$ 10,000)	a 430,000 (Allidai Ellilli 410	,,000)		
disclosed to third pa ii) I declare and confirm personal data and to	consent to TMIS collecting, using	ediaries, within or outs sent of the proposer/en or the above collection,	ide Singapore. nployer name here	ein, where applicable, and that he/she	ing/servicing my policy/claim and be a has authorized me to disclose their		
- I		nt, governing the above					
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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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