



# 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	Koh Chuan Chye					
NRIC No./ FIN	59430902F					
Contact No.	96733867					
Signature and Date Y Multi- 9   NoV   2020						
S/N Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction			
1. May Lwin	00	G8730652P	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.						
Fill in only if applicable.						
I hereby declare that I	am authorising(Full name as in half. A copy of the representative's I	n NRIC/Passport)(NRIC, NRIC/Passport is enclosed with	/Passport No.), to submit this this authorisation form.			
I hereby declare that I	am authorising(Full name as in half. A copy of the representative's N	n NRIC/Passport)(NRIC, NRIC/Passport is enclosed with	/Passport No.), to submit this this authorisation form.			
I hereby declare that I authorisation form on my be  Declaration by EA  I have spoken to and	half. A copy of the representative's New York of the Representative New York of the New York	NRIC/Passport is enclosed with	this authorisation form.			
I hereby declare that I authorisation form on my be  Declaration by EA  I have spoken to and	half. A copy of the representative's l	NRIC/Passport is enclosed with	this authorisation form.			
I hereby declare that I authorisation form on my be  Declaration by EA  I have spoken to and of the employer.	verified with employer to confirm his verified with employer that the persensured all necessary fields are filled	NRIC/Passport is enclosed with s / her authorisation. son submitting this form to the	this authorisation form.  EA is authorised to do so on behalf			
I hereby declare that I authorisation form on my be  Declaration by EA  I have spoken to and of the employer.  I declare that I have work pass transaction	verified with employer to confirm his verified with employer that the persensured all necessary fields are filled	NRIC/Passport is enclosed with s / her authorisation. Son submitting this form to the in prior to making the aboven	this authorisation form.  EA is authorised to do so on behalf			
I hereby declare that I authorisation form on my be  Declaration by EA  I have spoken to and of the employer.  I declare that I have work pass transaction	verified with employer to confirm his verified with employer that the persensured all necessary fields are filled as primation provided on this form is true	NRIC/Passport is enclosed with s / her authorisation. Son submitting this form to the in prior to making the abovence and correct	this authorisation form.  EA is authorised to do so on behalf			
I hereby declare that I authorisation form on my be  Declaration by EA  I have spoken to and of the employer.  I declare that I have work pass transaction  I declare that the info	verified with employer to confirm his verified with employer that the persensured all necessary fields are filled by the provided on this form is true.	NRIC/Passport is enclosed with s / her authorisation. Son submitting this form to the in prior to making the abovence and correct	this authorisation form.  EA is authorised to do so on behalf			

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



Work Pass Division Ministry of Manpower

18 Havelock Road Singapore 059764 Telephone : (65) 64385122

Website : http://www.mom.gov.sg Email : mom\_wpd@mom.gov.sg

### **EMPLOYMENT HISTORY OF WORK PERMIT HOLDER**

Date printed

: 06/11/2020

**Employment Agency** 

: UNITED CHANNEL SERVICES PTE. LTD. (11C4954)

## **Worker Details**

WP No.

: 0 9446630-

Name of Worker

: MAY LWIN OO

**DOB** of Worker

: 24/09/1985

Sex

: FEMALE

Worker's FIN

: G8730852P

Passport No.

: MD544415

Nationality/Citizenship

: MYANMAR

# **Employment History**

Results Found : 2					
Employer	Period of Employment		Industry		
	Start Date	End Date			
Employer 2	24/10/2020		General Household		
Employer 1	27/10/2018	24/10/2020	General Household		

No person shall in any way make any additions, modifications, adjustments or alterations to the information, or further disclose the information to any other person(s) unless required by the Ministry of Manpower.

× Muly



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



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.

A. PROPOSER'S / EMPLOYER'S PARTICULARS	B. MAID'S PARTICULARS			
Name of Proposer Sex		Name of Maid		
Kon Chuan Chye	M DF	May Lwin 00		
Address BIK 78 Indus Road		*Date of Birth (dd/mm/yyyy)	Decement No.	
#08-487 5(161078)		24/09/Ja&c	Passport No MDS4444	
Nationality SB Transmission Ref Occupation		WP No	Nationality	
Singaporean		0 9446630	myanmar	
Name of Company  NRIC/FIN No  S 9 U 3 0 9 0 2 F		The Period of Insurance (dd/mm/yyyy)		
Contact No: (HP) 96733867		From / / To / /		
C. PERIOD OF INSURANCE:  * □ 1-YEAR □ 2-YEAR  D. CHOICE OF MEDICAL INSURANCE COVERAGE:	*Age Limit: 69 years of age & below  F. POLO GUARANTEE (For Filipino Helper only):  * \$2,000 \$7,000 (\$70.00)			
* 10 PLAN A ✓ PLAN B □ PLAN C □ PLAN D	FOR OFFICE USE ONLY			
E. REIMBURSEMENT OF INDEMNITY PAID TO INSURER:		FOR OFFICE USE ONLY		
*☑YES □ NO				
Provided always that if I/we pay the additional premium for the waiver of cour my/our liability to keep Aviva Ltd indemnified as stipulated above shall only aris				
of the condition under the Security Bond was caused by or resulted from any domission of the Employer. Where the breach of the condition under the Securit caused by or resulted from the Employer's deliberate act or omission, I/we will pay Aviva Ltd a fixed sum of S\$250.	y Bond was not			
G. TOP-UP FOR SECTION 2: H&S EXPENSES (Only with 2				
☐ \$10,000 (Annual Limit \$5,000) ☐ \$20,000 (Annual Lim On behalf of myself and all proposed Lives Assured, I consent to Aviva (and A				
<ul> <li>(whether contained in this form or obtained from other sources; existing data in companies, third party service providers, reinsurers and/or suppliers for the followard in the suppliers for account(s) and/or account(s), including the processing of my/our personal data for under for statistical, research, compliance, audit and regulatory purposes.</li> <li>For more information on Aviva's data protection policy and full details of the purpose of the purpose of the suppliers of the purpose of the suppliers.</li> </ul>	Aviva's record or wing purposes: with Aviva and suc erwriting purposes	to be collected in future) and transfect the other purposes ancillary or related payment of premiums and/or claims	erring them to Aviva related group of to the administering of the policy(ies purposes;	
COUNTER-IN  IMPORTANT NOTICE: The Employer is hereby notified that by virtue of signing this of fax or otherwise, shall be deemed binding and legally enforceable in a court of law	Counter-Indemnit	y Form, it is hereby understood and ag	greed that a copy of it, either by way	
To: Aviva Ltd 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807	and onall mare a	o came logal shoots as that of the on	9	
Dear Sirs,			*	
RE: COUNTER-INDEMNITY FOR LETTER OF GUARANTEE NO In lieu of the cash deposit that I/we would otherwise have to provide as security. Av			alla cia a forbiaba canata anta da da	
be covered under the insurance plan):	(,,,,,	, , , , , , , , , , , , , , , , , , , ,	ollowing (whichever is selected to	
A Letter of Guarantee for \$5,000 to the Ministry of Manpower of Singapore at		9	055	
An Insurance Bond for \$2,000 or \$7,000 (whichever amount is indicated in the which guarantee(s) the payment on demand of any sum or sums not exceeding			3.1	
In return, I/we agree and undertake as follows:	the amount states	The first control of oddranico dilazor in	Sarance Dona issued.	
I/We will, at all times, unconditionally and irrevocably guarantee to jointly and losses, liabilities, costs and expenses whatsoever (including legal costs and expenses whatsoever (including legal costs and expenses whatsoever (including legal costs and expenses).	severally comper openses determina	nsate you for all claims, payments, de ed on a solicitor or client basis) which	emands, actions, suits, proceedings may be taken or made against you	
You will have absolute discretion to compromise all claims, payments, dem taken or made against you under the Letter of Guarantee and/or Insurance	ands, actions, su			
I/We shall accept the receipts, vouchers or any other evidence of all paym of Guarantee and/or Insurance Bond as conclusive evidence of my/our liability.		u or all liabilities or obligations incur	rred by you because of the Letter	
of Guarantee and/or Insurance Bond as conclusive evidence of my/our liability  4. This counter indemnity shall be a continuing demand and you may at any tim				
Letter of Guarantee and/or Insurance Bond without discharging or impairin	g my/our liability	under the indemnity.	o merus extend the validity of the	
IN WITNESS WHEREOF I/we have hereto subscribed my/our name(sath)	day of	year		
THE WOOD THE	*	June 1		
Signature of Witness	Ole-	oture of Employer		
Full Name: Palma Sharon Asuncion		ature of Employer Name:		
NRIC No.: R1105865		C No.:		
Address:	INKI	JINU		