

Declaration by Employer

Employer Name
NRIC No./ FIN

Contact No.



Authorisation Form for Foreign Domestic Worker Work Pass Transactions

CHRISTINA WONG HOI KHAY

UCS-XXXXX771I

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 NA 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.

Signature and Date						
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction		
1.	NWAY MAR WIN			APPLY		
2.						
		m authorising <u>UNITED CHANNEL</u> erform the above work pass transac		(Name and licence no. of		
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						
 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	I declare that the information provided on this form is true and correct					
Name	of EA personnel	Farahizah Binte Shariff				
Registration No.		R1100472	1			
Signature and Date			1 4			
		gn Manpower Management Divisio	in .			

1500 Bendemeer Road Singapore 339946 Tel +65 6438 5122 Web http://www.mom.gov.sg Email mom_fmmd@mom.gov.sg



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 PARTICUL	0111	B. MAID'S PARTICULAR				
Name of Proposer	Name of Maid	Name of Maid				
	hay DMZ	F NWHY MM	hin			
Address Woodlands Drive	60 H 111 D	*Date of Birth (dd/mm/yyyy)	Passport No Poo Zouth			
Nationality SB Transmission Ref	Occupation	WP No	Nationality Myanmy			
Name of Company	The Period of Insurance (dd/	The Period of Insurance (dd/mm/yyyy)				
Contact No: (HP)	57261657	From / /	To / /			
C. PERIOD OF INSURANCE: * \Boxed 1-YEAR \Display 2-YEAR D. CHOICE OF MEDICAL INSURANCE CO * \Boxed PLAN A \Boxed PLAN B \Boxed PLAN C	F. POLO GUARANTEE	*Age Limit: 69 years of age & below F. POLO GUARANTEE (For Filipino Helper only): * \$2,000 \$7,000 (\$70.00) FOR OFFICE USE ONLY				
* YES NO Provided always that if I/we pay the additional premiu my/our liability to keep Aviva Ltd indemnified as stipula of the condition under the Security Bond was caused lomission of the Employer. Where the breach of the concaused by or resulted from the Employer's deliberate apay Aviva Ltd a fixed sum of \$\$250.	m for the waiver of counter indemnit ted above shall only arise if the brea by or resulted from any deliberate act idition under the Security Bond was i	ch or not				
G. TOP-UP FOR SECTION 2 : H&S EXPEN \$10,000 (Annual Limit \$5,000) \$			5.000)			
On behalf of myself and all proposed Lives Assured, I (whether contained in this form or obtained from other companies, third party service providers, reinsurers and to issue and administer my existing and/or new police and/or account(s), including the processing of my/or for statistical, research, compliance, audit and regul For more information on Aviva's data protection policy and further than the content of the content	sources; existing data in Aviva's reco I/or suppliers for the following purpose y(ies) and/or account(s) with Aviva an ur personal data for underwriting purp atory purposes. Il details of the purpose of collection, use	rd or to be collected in future) and transes: d such other purposes ancillary or relateoses, payment of premiums and/or clair and disclosure of your personal data, pleas	sferring them to Aviva related group of ed to the administering of the policy(ies) ms purposes;			
IMPORTANT NOTICE: The Employer is hereby notified that of fax or otherwise, shall be deemed binding and legally en		mnity Form, it is hereby understood and				
To: Aviva Ltd 4 Shenton Way #01-01 SGX Centre 2 S Dear Sirs,	ingapore 068807					
RE: COUNTER-INDEMNITY FOR LETTER OF GUARAN In lieu of the cash deposit that I/we would otherwise have to be covered under the insurance plan): A Letter of Guarantee for \$5,000 to the Ministry of Mi	to provide as security, Aviva Ltd. ("you	, , , , , , , , , , , , , , , , , , , ,	,			
An Insurance Bond for \$2,000 or \$7,000 (whichever	amount is indicated in the insurance	oond) to the Philippine Overseas Labor	ur Office in Singapore,			
which guarantee(s) the payment on demand of any sum	or sums not exceeding the amount s	tated in the Letter of Guarantee and/or	Insurance Bond issued.			
In return, I/we agree and undertake as follows: 1. I/We will, at all times, unconditionally and irrevocably losses, liabilities, costs and expenses whatsoever (inc	guarantee to jointly and severally colluding legal costs and expenses dete	npensate you for all claims, payments, rmined on a solicitor or client basis) whi	demands, actions, suits, proceedings ch may be taken or made against you			
or which become payable by you under the Letter of Guarantee and/or Insurance Bond. 2. You will have absolute discretion to compromise all claims, payments, demands, actions, suits, proceedings, losses and liabilities whatsoever which may be taken or made against you under the Letter of Guarantee and/or Insurance Bond.						
3. I/We shall accent the receipts, vouchers or any other	er evidence of all navments made h	you or all liabilities or obligations in	curred by you because of the Letter			
of Guarentee and/or Insurance Bond as conclusive et a la country inder United Channel Series Letter of Guarantee and/or Insurance Bond without	ices Pteu littity to you. I and you may at any time have absorb discharging or impairing my/our lial	lute discretion without giving any notic pility under the indemnity.	e to me/us extend the validity of the			
IN WITNESS WHEREOF I/we have hereto subscribed my	/our name(s) this day of	year				
Soh	Geok Sian R1100683 -					
Signature of Vincess	11110000	Signature of Employer				
Full Name:		Full Name:				
NRIC No.:	1	NRIC No.:				
Address:						