

**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	TAN MEOW ENG		
NRIC No./ FIN	S0376632B		
Contact No.	ntact No. 69881198/98958820		
Signature and Date			
S/N Name of Foreign	Domestic Worker(s) Passport / FIN / WP	No. Authorised Transaction	
. PAN THE	EAN MB72529	3 APPCY.	
cence no. of employme	am authorising to perform the above work pass transaction(s) on	n my behalf.	
If in only if applicable.  I hereby declare that I uthorisation form on my be	am authorising(Full name as in NRIC/Passport)(Full name) to ehalf. A copy of the representative's NRIC/Passport is enclosed	NRIC/Passport No.), to submit this	
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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



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

A. PROPOSER'S / EMPLOYER'S PARTICUL/ Name of Proposer	1110	Sex	B. MAID'S PARTICULARS  Name of Maid	
T Acres Fra		M CF	Traine of Wald	
Address			PAN THE	M
BLK 871A Tampines Street S (521871)	- 84 # 09	-25	*Date of Birth (dd/mm/yyyy)  O ( / o t/ (992)	Passport No MB 725393.
Nationality SB Transmission Ref	Occupation		WP No	Nationality
Singaporean			0 93927559	Myanmar
Name of Company	SO3760	532B.	The Period of Insurance (dd/n	nm/yyyy)
Contact No: (H) (HP)	989588.	20	From / / 7	To / /
C. PERIOD OF INSURANCE:  *  1-YEAR  2-YEAR D. CHOICE OF MEDICAL INSURANCE CO	VERAGE:	ick one only	*Age Limit: 69 years of age & t F. POLO GUARANTEE (F * \$2,000 \$7,00	or Filipino Helper only):
* PLAN A PLAN B PLAN C			FOR OFFICE USE ONLY	
E. REIMBURSEMENT OF INDEMNITY PAID TO INSURER:  * YES			***	
Provided always that if I/we pay the additional premium my/our liability to keep Tokio Marine Insurance Singapor shall only arise if the breach of the condition under the Se from any deliberate act or omission of the Employer. Whithe Security Bond was not caused by or resulted from the I/we will only be liable to pay Tokio Marine Insurance.	e Ltd. indemnified as security Bond was cause here the breach of the of Employer's deliberate	stipulated above and by or resulted condition under act or omission,		
G. TOP-UP FOR SECTION 2 : H&S EXPEN			Optional):	
\$10,000 (Annual Limit \$5,000) \$	20,000 (Annual L	imit \$10,000)	☐ \$30,000 (Annual Limit \$15	5,000)
ii) I declare and confirm that I have obtained the conse- personal data and to give consent on their behalf for iii) I acknowledge the detailed Privacy Policy Statement	the above collection, governing the above	use, process and , posted at www.to	disclosure; and okiomarine.com.sg.	e nas authorized me to disclose the
IMPORTANT NOTICE: The Employer is hereby notified that of fax or otherwise, shall be deemed binding and legally enfo	COUNTER-II t by virtue of signing this orceable in a court of la	s Counter-Indemnit	y Form, it is hereby understood and a	greed that a copy of it, either by way iginal.
To: Tokio Marine Insurance Singapore Ltd 20 McCallum Street #09-01 Tokio Marine C	I. entre Singapore 0690	946		
Dear Sirs,				
RE: COUNTER-INDEMNITY FOR LETTER OF GUARAN	TEE NO			
In lieu of the cash deposit that I/we would otherwise have to following (whichever is selected to be covered under the in	nsurance plan):			to my/our request to provide the
A Letter of Guarantee for \$5,000 to the Ministry of Ma  An Insurance Bond for \$2,000 or \$7,000 (whichever a				r Office in Singapore
which guarantee(s) the payment on demand of any sum				
In return, I/we agree and undertake as follows:	or builts not exceeding	y the amount state		
I/We will, at all times, unconditionally and irrevocably losses, liabilities, costs and expenses whatsoever (inc or which become payable by you under the Letter of 0.2. You will have absolute discretion to compromise all	Suarantee and/or Insur	ance Bond.		
taken or made against you under the Letter of Gual 3. I/We shall accept the receipts, vouchers or any other	rantee and/or Insuran er evidence of all payr	ce Bond. ments made by yo		
Guarantee and/or Insurance Bong as conclusive er     This counter indemnity shall be a continuing demand. Letter of Guarantee and/or Insurance Bond without	d and you may at any	time have absolut	e discretion without giving any notic y under the indemnity.	e to me/us extend the validity of the
IN WITNESS WHEREOF I/we have hereto subscribed my		day of	year	
* /	INEL SEA		6-1 37K	
	Strain Strain	11-25	THE PARTY	
Signature of Witness	(11C4954) [5]	Sig	nature of Employer	
Full Name: Farahizah Birte Shariff			Name:	
NRIC No.: R1100472	* 01	NR	IC No.:	
n corocco:				



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

: 07/08/2019

**Employment Agency** 

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

#### Worker Details

WP No.

: 0 93927559

Name of Worker

: PAN THEAN

DOB of Worker

: 01/01/1993

Sex

: FEMALE

Worker's FIN

: G2882727Q

Passport No.

: MB725293

Nationality

: MYANMAR

**Employment History** 

Results Found: 2			
Employer	Period of Employment		Industry
	Start Date	End Date	MANAGEMENT AND ASSESSMENT AND ASSESSMENT ASS
Employer 2	23/02/2017		General Household
Employer 1	27/08/2016	23/02/2017	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.

Name of Employer Date

Date:	
	THE RESERVE THE PARTY OF THE PA

Vork Permit Department
Minstry Of Manpower
18 Havelock Road
Singapore 059764

Dear Sir / Madam

## CONSENT TO TRANSFER FOREIGN DOMESTIC WORKER

FOREIGN DOMESTIC WORKER	PAN THEAN.
WORK PERMIT	b 93927 <b>3</b> 59
DATE OF APPLICATION	
(Name of Current Employer)	
Agree to release my Foreign Dom	estic Worker named above to the prospective employer

(Name of Prospective Employer)

Pending the outcome of the application, I undertake all responsibilities for the employment of the said Foreign Domestic Worker and will extend her work permit ( if necessary ).

If the application is not approved, I will repatriate this worker.

Signoture of Current Employer