

RENEWAL OF WORK PERMIT / PASSPORT / VISA Documentation

**Note : Please make sure that all authorization
forms are filled and signed

(company stamp)

Date : 21 April 2025

Package Fee : 188

Official Receipt No. : _____

Insurance : 566.80 + 54.50

RIP : YES / NO

Name of Employer : S8119305C
Mok Chee Meng D.O.B 03-07-1981

Contact No. : (H) 90924300 (HP) _____

Spouse : _____

Contact No. : (H) _____ (HP) _____

Myanmar / Filipino / Indonesia

Name of FDW : Lal Eng mawii

Work Permit No. : 0 94738849 Date of Expiry : 04 Jun 2025

Passport No. : M1611745 Date of Expiry : 29.05.2029

Remarks / Special Instructions :

14 days
2 way ticket 710
MDE 218



United Channel

865 Mountbatten Road, #01-22/23/24/25, Katong Shopping Centre, Singapore 437844

Tel: 6344 8807 Fax: 6345 0806 Email: unitedes@singnet.com

License No. 11C4954

www.unitedchannel.com.sg

Business Registration No. 201012751K

STANDARD EMPLOYMENT CONTRACT BETWEEN MIGRANT DOMESTIC WORKER AND EMPLOYER

This employment contract is made between (a) The Employer and (b) The Migrant Domestic Worker (MDW) in Section A, based on the terms contained in Section B.

A copy of the Contract (with all blanks filled in and options selected) and Job Scope Sheet (Annex A) translated into the MDW's language should be given to the MDW in her home country before she signs the contract.

The Schedules of Salary Payment and Loan (including loan for Overseas Personal Loan / Singapore Service Fee Charged on MDW by the Agency (subject to Fee Cap) .Repayment Annex B shall be filled up at the same time the contract is signed.

Section A: PARTICULARS of PARTIES in the CONTRACT

(a) The Employer

| | | |
|-------------------|---|---------------------------------------------------|
| Full Name | : | MOK CHEE MENG (MO ZHIMING) |
| NRIC/Passport No. | : | UCS-XXXXX305C |
| Address | : | BLK 124B RIVERVALE DRIVE #13-207 SINGAPORE 542124 |

(b) The Migrant Domestic Worker (MDW)

| | | |
|-----------------|---|---------------|
| Full Name | : | LAL ENG MAWII |
| Work Permit No. | : | 0 94738849 |
| Passport No. | : | MI611745 |

Section B: TERMS of CONTRACT

Part I : Employment Period and Workplace

1. The MDW shall be employed by the Employer as a domestic worker for a period specified in the MDW's work permit
2. The MDW shall work and reside only in the Employer's residence as specified in the MDW's work permit.

Part II : Responsibilities of the MDW

3. The MDW shall undertake to perform her work diligently and honestly at all times.
4. The MDW shall not take up, or be required by the Employer to take up, any other employment with any other person(s).

Part III : Remuneration and Benefits

5. The Employer shall pay the MDW wages of SGD 700 per month and **S\$ 81.00** as compensation for 3 day(s) *14th*
6. The salary shall be paid on the **15TH** of every month.
7. The MDW shall acknowledge the amount received under her signature in the attached Schedule of Salary Payment (Annex B) as proof of payment. Where applicable, the MDW shall make a monthly loan (including loan for Overseas

Personal Loan) repayment with the Employment Agency, through monthly payments to the employer in accordance with the Schedule of Loan (including loan for Overseas Personal Loan) Repayment in Annex B.

8. The Salary will be paid by *CASH/ *CREDITING into MDW's bank account (delete where applicable)
9. The Employer shall provide the MDW's with suitable accommodation in accordance with MOM' s guidelines, with a reasonable amount of privacy. Please tick where applicable:
 - ☒ Share a room with ELDERLY child/children/elderly
 - ☐ separate room
 - ☐ other (please specify): ____
10. The Employer shall provide at least three adequate meals a day to the MDW, over and above the salary paid.
11. The Employer shall provide the MDW with **8 hours** (recommended 8 hours)of continuous rest daily (except for occasional special-care cases, with reasonable rest periods during working hours.
12. The MDW shall be entitled to *ONE/ *TWO/*THREE/*FOUR rest day(s) a month, on a day mutually agreed (*delete where applicable). If the rest day was not taken, the MDW shall be compensated in cash as agreed in writing between the employer and the MDW. If there is no such existing agreement, the accreditation body's prevailing compensation guideline shall apply.
13. Should both parties (Employer and MDW) agree to extend this contract, she (the MDW) shall be entitled to **15 days (recommended 15 days)** of paid home leave (inclusive of a return air ticket to her City of Origin)
14. If the MDW does not wish to utilize her leave as stated in clause 13, the Employer shall pay the MDW *a lump sum equivalent to the return ticket to her City of Origin
15. In the event that the MDW falls ill or suffers personal injury during the period of employment, except for the period the MDW leaves Singapore of her own violation and for her own personal purposes, the Employer shall bear all the necessary treatment costs, including medical consultation, medicine, hospitalization and others.
16. External communications shall be made available for the MDW and the Employer must allow the MDW seek advice/help of the relevant bodies/authorities such as the Employment Agency, Ministry of Manpower. Etc at all times.
17. The Employer shall provide safe working conditions for the MDW at all times.

Part IV: Termination


18. Either party may terminate this Contract by giving **30 days** noticee (recommended at least one week).
19. Either party may terminate the contract without notice if either party is in breach of the work permit condition(s).
20. In cases where the Employer decides to terminate the contract under any circumstances, the employer should ensure the MDW's proper upkeep until she is repatriated or transferred to another employer, whichever is applicable.
21. The employer shall be responsible to bear the cost of repatriation of the MDW at all times.
22. Upon termination or expiry of the contract, the Employer shall bear the cost of repatriating the MDW back to **YANGON.**
23. Should both parties agree to renew this employment relationship, a new employment contract shall be signed by both the employer and the MDW.


PART V : Others

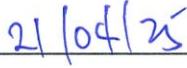
24. Any substantial variation or addition to the terms of this contract shall be deemed void unless made with the consent of both parties to the Contract and a witness through signatories.

25. In the event of any conflict or inconsistency between any term of this contract (including the Annexes) in the English language and any translation thereof in any other language, the English language version of this Contract shall prevail.
26. Any dispute arising from this contract shall be referred to the Employment Agency for mediation. If it cannot be settled, the dispute can be referred at the election of either party to an alternative dispute resolution mechanism.
27. In the case whereby any term of contract contradicts the existing Work Permit conditions or any Singapore government regulations, the latter two shall supersede.

Section C: Employer's Declaration


The Employer's Signature : 


Witnessed by (Name & Signature) : 
Palma Sharon Asuncion
R1105865

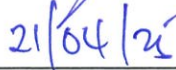
Date : 

Section D: Migrant Domestic Worker's Declaration

I have read and understood the contents of this Contract, and hereby agree to abide by it.

The MDW's Signature : 

Witnessed by (Name & Signature) : 
Palma Sharon Asuncion
R1105865

Date : 

Underwritten by:



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

Managed by



bolttech Insurance Agency Pte. Ltd.
152 Beach Road #26-08
The Gateway East
Singapore 189720
T (65) 6535 6838 F (65) 6535 6828
agency.bolttech.sg

MIGRANT DOMESTIC WORKER INSURANCE APPLICATION FORM

The Insurance Act: You are under a duty to disclose to the Company every fact you know, or could reasonably be expected to know, that may influence the Company's assessment and acceptance of the risk and the terms of such acceptance. If you are uncertain as to whether a particular information is material, these facts should be disclosed to the Company, otherwise the Policy issued may be void.

IMPORTANT NOTICE: Please read the policy wordings for the full terms, conditions and exclusions. A copy of the policy wording may be obtained from your intermediary.

A. PROPOSER / EMPLOYER PARTICULARS

| | | | |
|--------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Name of Proposer Mok Chee Meng | | Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F | Nationality <input checked="" type="checkbox"/> Singaporean <input type="checkbox"/> Others _____ |
| Address Blk 124B Rivervale Drive #B-207 S (542124) | | NRIC/FIN No. S8119305C | |
| Date of Birth (dd/mm/yyyy) 03-07-1981 | Mobile No. 90929300 | Email mailbox487@yahoo.com.sg | |

B. MIGRANT DOMESTIC WORKER (MDW) PARTICULARS

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------|
| Name of MDW Lal Eng Mawii | | FIN No. G888131W |
| Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Indonesian <input checked="" type="checkbox"/> Myanmar <input type="checkbox"/> Others _____ | Date of Birth (dd/mm/yyyy) (Age Limit 69 and Below) 14-06-1995 | Passport No. MI611745 |
| Name of Employment Agency: | Policy start date (dd/mm/yyyy) From: | |

C. CHOICE OF INSURANCE COVERAGE (PLEASE TICK ☒) / PREMIUM (INCLUSIVE OF GST)

| | Basic | | Standard | | Deluxe | | Premier | |
|-------------------------------------------------------|------------------------------------|------------------------------------|------------------------------------|-----------------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| | 14-month | 26-month | 14-month | 26-month | 14-month | 26-month | 14-month | 26-month |
| Insurance + Letter of Guarantee | <input type="checkbox"/> S\$283.40 | <input type="checkbox"/> S\$425.10 | <input type="checkbox"/> S\$381.50 | <input type="checkbox"/> S\$566.80 | <input type="checkbox"/> S\$436.00 | <input type="checkbox"/> S\$654.00 | <input type="checkbox"/> S\$490.50 | <input type="checkbox"/> S\$730.30 |
| Insurance + Letter of Guarantee + Waiver of Indemnity | <input type="checkbox"/> S\$337.90 | <input type="checkbox"/> S\$479.60 | <input type="checkbox"/> S\$436.00 | <input checked="" type="checkbox"/> S\$621.30 | <input type="checkbox"/> S\$490.50 | <input type="checkbox"/> S\$708.50 | <input type="checkbox"/> S\$545.00 | <input type="checkbox"/> S\$784.80 |

I consent to Singapore Life Ltd ("Singlife") (and/or Singlife related group of companies) collecting, using and/or disclosing my personal data (whether contained in this form or obtained from other source; existing data in Singlife's record or to be collected in future) for the following purposes:

- To issue and administer my existing and/or new policy(ies) and/or accounts with Singlife, and such other purposes ancillary or related to the administering of the policy(ies) and/or accounts, including the processing of my personal data for underwriting purposes, payment of premiums and/or claims purposes;
- For statistical, research, compliance, audit and regulatory purposes.

I also consent to Singlife (and Singlife related group of companies) disclosing and transferring my personal data to Singlife (and Singlife related group of companies) and their respective third party service providers, reinsurers, suppliers and intermediaries, whether located in Singapore or elsewhere, for the above purpose.

I have read and understood Singlife's Data Protection Notice which may be found at www.singlife.com/pdpa. Singlife's Data Protection Notice may be updated from time to time without notice. I am aware that I should visit your website regularly to ensure that I am well informed of the updates.

COUNTER-INDEMNITY FORM

IMPORTANT NOTICE: The Employer is hereby notified that by virtue of signing this Counter-Indemnity Form, it is hereby understood and agreed that a copy of it, either by way of fax or otherwise, shall be deemed binding and legally enforceable in a court of law and shall have the same legal effects as that of the original.

To: **Singapore Life Ltd.**
4 Shenton Way #01-01 SGX Centre 2 Singapore 068807

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, **Singapore Life Ltd.** ("you") agrees to my/our request to provide a Letter of Guarantee for \$5,000 to the Ministry of Manpower of Singapore and/or Controller of Immigration of Singapore.


In return, I/we agree and undertake as follows:

- I/we will, at all times, unconditionally and irrevocably guarantee to jointly and severally compensate you for all claims, payments, demands, actions, suits, proceedings, losses, liabilities, costs and expenses whatsoever (including legal costs and expenses determined on a solicitor or client basis) which may be taken or made against you or which become payable by you under the Letter of Guarantee.
- 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.
- I/we shall accept the receipts, vouchers or any other evidence of all payments made by you or all liabilities or obligations incurred by you because of the Letter of Guarantee conclusive evidence of my/our liability to you.
- This counter indemnity shall be a continuing demand and you may at any time have absolute discretion without giving any notice to me/us extend the validity of the Letter of Guarantee without discharging or impairing my/our liability under the indemnity.

Signature of Proposer / Employer

Date

Migrant Domestic Worker Insurance & Bond Package

| Section | Coverage | Basic | Standard | Deluxe  | Premier |
|-------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------|
| 1 | Letter of Guarantee to MOM | S\$5,000 | | | |
| | Personal Accident | | | | |
| | (A) Death | S\$60,000 | S\$60,000 | S\$60,000 | S\$70,000 |
| | (B) Permanent Disablement | As per scale in Policy | | | |
| | (C) Medical Expenses | S\$500 | S\$1,500 | S\$3,500 | S\$4,000 |
| 2 | Hospital & Surgical Expenses (Worldwide) | S\$120,000 (Annual Limit: S\$60,000) | S\$120,000 (Annual Limit: S\$60,000) | S\$160,000 (Annual Limit: S\$80,000) | S\$200,000 (Annual Limit: S\$100,000) |
| | Co-Insurance applicable for claimable amount beyond first S\$15,000 per year | 25% | 0% | 0% | 0% |
| 3 | (A) Recuperation Expenses (Max 60 Days) | Nil | S\$10 / day | S\$20 / day | S\$30 / day |
| | (B) Temporary Help Benefit (Max 30 Days) | Nil | S\$10 / day | S\$20 / day | S\$30 / day |
| 4 | Repatriation Expenses | Up to S\$10,000 | | | |
| 5 | Wages & Levy Reimbursement (Max 60 Days) | Nil | S\$30 / day | S\$40 / day | S\$50 / day |
| 6 | Termination / Re-Hiring Expense | Nil | S\$500 | S\$600 | S\$700 |
| 7 | Outpatient Kidney Dialysis / Cancer Treatment | Nil | S\$5,000 (Policy Limit) | | |
| 8 | Special Grant | S\$1,000 | S\$2,000 | S\$3,000 | S\$4,000 |
| 9 | Maid & Household Liability | S\$5,000 | S\$50,000 | | |
| 10 | Fidelity Guarantee | Nil | S\$1,000 | S\$3,000 | S\$5,000 |
| Premium | 14-month (Incl GST) | S\$283.40 | S\$381.50 | S\$436.00 | S\$490.50 |
| | 26-month (Incl GST) | S\$425.10 | S\$566.80 | S\$654.00 | S\$730.30 |
| Reimbursement of Indemnity paid to insurer (excess S\$250) | | | | | |
| If purchased with Policy (Incl GST) | | S\$54.50 | | | |
| If purchased subsequently (Incl GST) | | S\$87.20 | | | |

Key Benefit Highlights:

- Worldwide coverage, including whilst your maid is on home leave (with valid work permit)
- Treatment by Licensed TCM registered with MOH
- Day Surgery hospital expenses
- Communicable diseases or illness covering hospitalisation expenses for quarantine or isolation e.g. for Covid-19, SARS, Tuberculosis, H1N1, Dengue Fever, MERS
- Direct settlement with hospitals upon the admissibility of claim (less 25% co-payment if any)
- Covers first occurrence of mental conditions including self-inflicted injuries arising from attempted suicide
- Personal Accident Medical Expenses limit applies on a per accident basis, no maximum annual or policy limit

Refund Policy:

| Cancellation Period | Within 60 days | Within 61 to 120 days | Within 121 to 180 days | Within 181 to 270 days | After 270 days |
|---------------------|----------------|-----------------------|------------------------|------------------------|----------------|
| 14-month Policy | 70% of Premium | 50% of Premium | No Refund | No Refund | No Refund |
| 26-month Policy | 70% of Premium | 50% of Premium | 30% of Premium | 20% of Premium | No Refund |

This Policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg)

Foreign Domestic Worker Work Permit Renewal Declaration Form



Use this form only if you are an Employment Agent acting on behalf of an employer

**To be signed by the employer and
uploaded as part of the renewal
process**

Declaration by the employer

1. In order to renew a work pass under the Employment of Foreign Manpower Act ("EFMA"), I declare that:
 - a. I am fully aware of and shall fulfil my obligations as an employer of a foreign domestic worker under the EFMA and the Employment of Foreign Manpower (Work Passes) Regulations ("EFMR") which includes the following:
 - Pay her salary promptly
 - Pay for her upkeep and maintenance, including medical treatment
 - Provide acceptable accommodation for her
 - Should she die while in Singapore, pay for her burial or cremation and pay for her body and belongings to be returned to her home
 - Take her to the Controller of Work Passes when required by Ministry of Manpower
 - Inform the Controller of Work Passes in writing within seven days when her employment ends or her work pass is cancelled
 - Arrange and pay for her passage home, after giving her reasonable notice, and paying her outstanding salary
 - Shall employ her in accordance with the Work Pass Conditions and Regulatory Conditions applicable to her
 - b. I shall take reasonable steps to ensure that my foreign domestic worker complies with the EFMA and the EFMR; and such steps shall include reporting to the Controller of Work Passes if I know that she is noncompliant; and
 - c. I have obtained my foreign domestic worker's written consent to continue her employment with me.
 - d. I do not have any medical condition(s) that will impair my ability to supervise and ensure the well-being of my foreign domestic worker.
 - e. I consent to the Government of Singapore and statutory authorities to obtain and verify information, including information relating to my medical condition(s), with any person, organisation or any other source, and retain such information for the purpose of assessing my suitability as an employer of foreign domestic worker(s). Further, I consent to the information obtained in this process to be released to the Government of Singapore, its statutory authorities and any authorised agents.
 - f. I consent to MOM displaying the work pass details when my foreign domestic worker's card is scanned using MOM's work pass mobile application.
2. In relation to the COVID-19 vaccination status of the foreign domestic worker, I declare that I will inform and ensure that the foreign domestic worker adheres to all vaccination requirements, as set out in:
<https://www.mom.gov.sg/vac-reqmts>.
This is undertaken in accordance with the following where applicable – the prevailing guidelines of the Singapore Ministry of Health and Ministry of Manpower, or the Employment of Manpower (Work Passes) Regulations 2012. To meet the requirements above, I declare that I have read the guidelines contained in :
<https://www.mom.gov.sg/vac-reqmts>.
3. When a new security bond is needed, I declare that:
 - a. I have furnished my security bond

Foreign Domestic Worker Work Permit Renewal Declaration Form



Declaration by the employer

- b. I understand that the Controller of Work Passes has imposed on me a security bond for the sum of FIVE THOUSAND SINGAPORE DOLLARS (SGD 5,000) payable to the Government of the Republic of Singapore to ensure that I comply with my obligations under the EFMA and the EFMR [including those in 1(a) above];
- c. I understand that if I breach any of my obligations as an employer of a foreign domestic worker, my Security Bond may be forfeited fully or in part. I also understand that if there is only partial forfeiture, the Government of the Republic of Singapore may forfeit the rest at a later point in time for the same breach or a different breach.
4. By signing this form, I indicate that I have read and understood this declaration; and intend to be bound by it. I am aware that if I have wilfully stated in it anything which I know to be false or do not believe to be true, I may be prosecuted.

Name of helper

Lal Eng Mawii

FIN of helper

68881131W

Name of employer

Mok Chee Meng

NRIC/FIN of employer

S8119305C

Signature of employer

Date (DD-MM-YYYY)

21/04/20

Schedule of Salary and Loan (including loan for placement fee) Repayment

Name of Employer: MOK CHEE MENG (MO ZHIMING)
 Name of MDW: LAL ENG MAWII
 Basic Salary: S\$700.00
 WP No: 0 94738849

Start Worked: 15-06-2025
 Per day Salary: S\$27.00
 Total Loan: S\$0.00

| S.No. | Salary Date | Basic Salary | Repayment of Placement Fee | Rest Day Taken | Rest Day Salary | Total Salary Paid | Date Received | Employer Ack. (Signature) | MDW Ack. (Signature) |
|-----------------------|-------------|--------------|----------------------------|----------------|-----------------|-------------------|---------------|---------------------------|----------------------|
| 1 | 14-07-2025 | \$700.00 | 250 | 1/4 | \$81.00 | \$ 781.00 | | | |
| 2 | 15-08-2025 | \$700.00 | 210 | 1/4 | \$81.00 | \$ 781.00 | | | |
| 3 | 15-09-2025 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 4 | 15-10-2025 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 5 | 15-11-2025 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 6 | 15-12-2025 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 7 | 15-01-2026 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 8 | 15-02-2026 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 9 | 15-03-2026 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 10 | 15-04-2026 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 11 | 15-05-2026 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 12 | 15-06-2026 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 13 | 15-07-2026 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 14 | 15-08-2026 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 15 | 15-09-2026 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 16 | 15-10-2026 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 17 | 15-11-2026 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 18 | 15-12-2026 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 19 | 15-01-2027 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 20 | 15-02-2027 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 21 | 15-03-2027 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 22 | 15-04-2027 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 23 | 15-05-2027 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| 24 | 15-06-2027 | \$700.00 | | 1/4 | \$81.00 | \$ 781.00 | | | |
| ** Total Amount (S\$) | | | | | | \$18,744.00 | | | |

** The total amount should be filled in at the point of acknowledging this schedule.

I hereby declare that and agree with the monthly salary and total amount of loan indicated above.

x mawii
 Name / Signature of FDW


 Name / Signature of Employer

Witnessed by EA Representative:

Name / Signature:

Schedule of Salary and Loan (including loan for placement fee) Repayment

Name of Employer: MOK CHEE MENG (MO ZHIMING) Start Worked: 15-06-2023
 Name of MDW: LAL ENG MAWII Per day Salary: S\$27.00
 Basic Salary: S\$700.00 Total Loan: S\$2,274.00
 WP No: 0 94738849

| S.No. | Salary Date | Basic Salary | Repayment of Placement Fee | Rest Day Taken | Rest Day Salary | Total Salary Paid | Date Received | Employer Ack. (Signature) | MDW Ack. (Signature) |
|-----------------------|-------------|--------------|----------------------------|----------------|-----------------|-------------------|-----------------|---------------------------|----------------------|
| 1 | 14-07-2023 | \$700.00 | \$700.00 | 4/1 | \$81.00 | \$ 81.00 | | | |
| 2 | 14-08-2023 | \$700.00 | \$700.00 | 4/1 | \$81.00 | \$ 81.00 | | | |
| 3 | 14-09-2023 | \$700.00 | \$700.00 | 4/1 | \$81.00 | \$ 81.00 | | | |
| 4 | 14-10-2023 | \$700.00 | \$174.00 | 4/1 | \$81.00 | \$ 607.00 | | | |
| 5 | 14-11-2023 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | | | |
| 6 | 14-12-2023 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | | | |
| 7 | 14-01-2024 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | | | |
| 8 | 14-02-2024 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | | | |
| 9 | 14-03-2024 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | | | |
| 10 | 14-04-2024 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | | | |
| 11 | 14-05-2024 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | | | |
| 12 | 14-06-2024 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | | | |
| 13 | 14-07-2024 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | | | |
| 14 | 14-08-2024 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | | | |
| 15 | 14-09-2024 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | | | |
| 16 | 14-10-2024 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | | | |
| 17 | 14-11-2024 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | | | |
| 18 | 14-12-2024 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | | | |
| 19 | 14-01-2025 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | | | |
| 20 | 14-02-2025 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | | | |
| 21 | 14-03-2025 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | | | |
| 22 | 14-04-2025 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | | | |
| 23 | 14-05-2025 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | | | |
| 24 | 14-06-2025 | \$700.00 | | 4/1 | \$81.00 | \$ 781.00 | \$710/3 payment | | |
| ** Total Amount (S\$) | | | | | | \$16,470.00 | | | |

** The total amount should be filled in at the point of acknowledging this schedule.

I hereby declare that and agree with the monthly salary and total amount of loan indicated above.

maui
 Name / Signature of FDW

 Name / Signature of Employer

Witnessed by EA Representative:

Name / Signature:

\$70 - 250 14/06/25 + 781 = \$1031
 - 250 14/07/25 + 781 = \$1031
 - 210 14/08/25 + 781 = \$991

