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

Name of Employer Name of FDW

MRS YEO MENG TECK NEE MARIE

Ji Bu

19 111 2017

Monthly Salary of FDW

\$ 500.00

Compensation: \$ 70 AS REIMBURSEMENT for 4 off days (\$17.5/day) Total Amount of Loan (including loan for placement fee)

.No.	Schedule of salary Payment Schedule of salary Payment			Schedule of Loan (including loan for placement fee) Repayment			
	Month / Year	Date of Salary Payment	FDW acknowledgement (Signature)		Daye of Repayment	Employer's Acknowledgement (Signature)	FDW acknowledgement (Signature)
1	\$ 20.00	18-08-2017		\$480.00	18-08-2017	Marie yeo	(Signature)
2	\$ 20.00	18-09-2017		\$480.00	18-09-2017	nanigo	nia n
3	\$ 20.00	18-10-2017		\$480.00	18-10-2017	in an elife	
4	\$ 20.00	18-11-2017		\$480.00	18-11-2017	ind wir cy to	Alc Ho
5	\$ 20.00	18-12-2017		\$480.00	18-12-2017	May oclas	h L
6	\$ 20.00	18-01-2018		\$480.00	18-01-2018	manely so	An Bu
7	\$ 20.00	18-02-2018		\$480.00	18-02-2018	mande	AMBU
8	\$ 500.00	18-03-2018	301288	552-9	Committee and the contract of	Waria de	AhBu
9	\$ 500.00	18-04-2018		10000	.0	ora ja	All Bu
10	\$ 500.00	18-05-2018					
11	\$ 500.00	18-06-2018			-	10 1	Shirtschips and
12	\$ 500.00	18-07-2018			No. of Contract of	19 da	15
13	\$ 500.00	18-08-2018				19/03/18	- 7704/
14	\$ 500.00	18-09-2018			100 m	-1 A : C	45181
15	\$ 500.00	18-10-2018				lotap.	13/8/2
16	\$ 500.00	18-11-2018			200	D. A. I	()))
17	\$ 500.00	18-12-2018			No. C.	felowed f	Y: Nlice
18	\$ 500.00	18-01-2019					/1/
19	\$ 500.00	18-02-2019					Kely
20	\$ 500.00	18-03-2019					
21	\$ 500.00	18-04-2019					
22	\$ 500.00	18-05-2019					1
23	\$ 500.00	18-06-2019				- 11/ 0	2) 1
24	\$ 500.00	18-07-2019				on o.	3 111
+		**	Total Amount (S\$)	\$3,360,00			3 7

^{**} The total amount should be filled in at the point of acknowledgeging this schedule, and it shall be the sum total of the monthly loan repayments.

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

Name / Signature of FDW

Name / Signature of Employer

Witnessed by EA Representative:

Name / Signature:

^{**} The monthly payment of \$500 is inclusive of the reimbursement of no off day based on mutual agreement. Employer is allowed to deduct \$17.50 for each off day

^{**} Please indicate final salary for each month should there be any changes. Both employer and FDW shall sign on the amendments to prevent disagreement.