



FMMD/IP/201606/00199

JENNIFER YEO  
679A PUNGGOL DRIVE #11-872 WATERWAY BROOKS  
SINGAPORE 821679

06 Feb 2017

## Submit your TJS renewal application early

Dear JENNIFER YEO

The work permit of RO DIM SUI employed under the Temporary Job Scheme (TJS) is expiring soon.

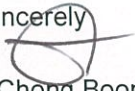
**If you wish to renew the work permit, please fill in the enclosed form and send it to us by 20 Feb 2017.**

Otherwise, please ask the worker to report with his/her work permit card to MOM Services Centre **on 21 Feb 2017 between 8am and 11am.**

No further action is required if you have already submitted a renewal application for the worker.

You may contact me at 66924559, or email me at [mom\\_fmmd\\_tmb@mom.gov.sg](mailto:mom_fmmd_tmb@mom.gov.sg) if you have any queries.

Yours sincerely

  
Steven Chong Boon Fei  
Manager (Team Lead), Transit Management  
For Controller of Work Passes

NAME OF FOREIGN WORKER

RO DIM SUI

SPECIAL PASS NUMBER

AF065105

WORK PERMIT NUMBER

0 9270713-

DATE OF WORK PERMIT EXPIRY

20 Feb 2017

### How to renew the work permit

Fill in the enclosed form and email it to [mom\\_fmmd\\_tmb@mom.gov.sg](mailto:mom_fmmd_tmb@mom.gov.sg) by 20 Feb 2017.

### How to return the work permit card

Ask the worker to report with his/her work permit card on 21 Feb 2017 (between 8am and 11am) to:

MOM Services Centre (Hall B)  
1500 Bendemeer Road,  
Singapore 339946  
Room 149.

#### IMPORTANT

To avoid disruptions to your company's operations, please renew your worker's work permit early. Your worker will not be able to work for you when his/ her work permit expires.



### Application To Employ Foreign Domestic Worker (FDW) Under Temporary Job Scheme (TJS)

☐ New Application ☒ **Renewal** ( Please select the appropriate application)

Please complete this application form (all fields are required) and email to [mom\\_fmmd\\_tmb@mom.gov.sg](mailto:mom_fmmd_tmb@mom.gov.sg) with a copy of the following documents. *Note : These documents are only applicable for New Application.*

- Special Pass of FDW( *Front Page*)
- Identity Card of Prospective Employer (*both sides*)
- Employer Orientation Programme Certificate (*for first-time employer*).
- Embarkation Card (both sides), Passport (photo page) and Tenancy agreement (*for foreign employer*).
- FDW TJS-DES Employer Acknowledgement Form

#### Part 1 – Employer Details

Name :

Jennifer Yeo

Residential Address :

BLK 679A Punggol Drive #11872

S( 821679. )

NRIC/ FIN No :

S79132721A.

Contact No (Home) :

66330717

(HP) : 92345785

Email Address :

Jendeen3@yahoo.com.sg

#### Part 2 – FDW Details

Name:

RO DIM SUI

Special Pass No :

AF 065105

Work Permit No :

09270713 -

TJS WP Expiry Date (if applicable) :

Passport No :

MA 482685

#### Part 3 – Employment Agency (EA) Details

Name of EA :

Address:

Contact Person :

Registration Number:

Contact Number :

Fax No :



#### Part 4 – Terms and Conditions

1. I have read and understood the "Conditions of Work Permit for Employer of Foreign Domestic Worker" applicable to my employment of the FDW.  
Weblink : [http://www.mom.gov.sg/publish/momportal/en/communities/work\\_pass/foreign\\_domestic\\_workers.html](http://www.mom.gov.sg/publish/momportal/en/communities/work_pass/foreign_domestic_workers.html)
2. I shall ensure that the FDW's Special Pass is returned to Transit Management Branch (TMB) within 3 working days of the collection of the Work Permit card.
3. I shall return the FDW's Work Permit card to TMB within 7 days of its cancellation or expiry.
4. I shall ensure that the FDW comes in person to TMB to collect her Special Pass upon expiry or cancellation of her Work Permit.
5. I shall release the FDW to Ministry of Manpower (MOM) or any relevant authority whenever her presence is required.

#### Part 5 – Important Notes

1. Should this application under the TJS be approved, MOM will issue a Work Permit with 6 months' validity.
2. If the FDW is prosecuted and convicted as a result of the investigations, her Work Permit will be revoked immediately.
3. Upon conclusion of investigations, the Work Permit of the FDW may be revoked with one month's notice if the Work Permit has been previously been renewed under TJS.
4. Upon conclusion of investigations, the FDW may be eligible for conversion to a 2-year Work Permit. The application for a 2-year Work Permit is subjected to the prevailing requirements for the employment of a FDW.
5. MOM may retain the FDW's passport until investigations are concluded. If the FDW requires or is required for travel overseas, please fax or mail a request with the reasons and intended itinerary to the Employment Standards Branch (fax no. 6735 8201) at least 2 weeks before the intended departure date.
6. MOM may revoke participation in TJS for reasons it deems fit, including but not limited to any breach of the terms and conditions stated in Part 4, and revoke the FDW's Work Permit immediately.

#### Part 6 – Declaration

- a) I accept the Terms and Conditions stated in Part 4.
- b) I am not currently debarred by MOM from employing an FDW or currently involved in any investigations by MOM or any other enforcement agency.
- c) I am not related in any way to the last employer of the FDW or any other person connected to the investigations by MOM or any other enforcement agency in relation to the FDW
- d) I declare that all particulars given in this application are true and correct, and I am aware that legal action may be taken against me if I knowingly provide false information to MOM
- e) I declare that my EA has informed me on the status of the above-mentioned FDW, including her potential culpability in the case and her eligibility for TJS and Direct Employment Scheme

Signature of Employer

Date






## 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 **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.

### Declaration by Employer

Employer Name			
NRIC No. / FIN			
Contact No.			
Signature and Date	 4/		
S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1			TRANSFER
2			

☐ I hereby declare that I am authorising \_\_\_\_\_ (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 authorise \_\_\_\_\_ (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 declare that the information provided on this form is true and correct.

Name of EA personnel	
Registration No.	
Signature and Date	

Date: \_\_\_\_\_

To:  
Work Permit Department  
Ministry Of Manpower  
18 Havelock Road  
Singapore 059764

Dear Sir / Madam

**CONSENT TO TRANSFER FOREIGN DOMESTIC WORKER**

FOREIGN DOMESTIC WORKER

\_\_\_\_\_

WORK PERMIT

\_\_\_\_\_

DATE OF APPLICATION

\_\_\_\_\_

I, \_\_\_\_\_ of NRIC / Passport No \_\_\_\_\_  
(Name of Current Employer)

Agree to release my Foreign Domestic 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.



\_\_\_\_\_  
Signature of Current Employer



**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer/Location

JENNIFER YEO  
679A PUNGGOL DRIVE #11-872 S(821679)



Name  
RO DIM SUI  
Occupation  
DOMESTIC WORKER

Work Permit No.  
0 9270713-

Date of Application  
15-08-2016

Date of Issue  
20-08-2016

Date of Expiry  
20-02-2017



L7131629

**VISIT PASS**  
Immigration Regulations

Name  
RO DIM SUI



Date of Birth	Sex	Nationality
06-01-1988	F	MYANMAR
FIN	Date of Issue	Date of Expiry
G6849010W	20-08-2016	20-02-2017

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.









Underwritten by:



TOKIO MARINE INSURANCE SINGAPORE LTD  
20 McCallum Street #09-01  
Tokio Marine Centre Singapore 069046

TOKIO MARINE

Managed By:



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

Name of Proposer		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address		
Nationality	SB Reference No	Occupation
Name of Company		NRIC/FIN No
Contact No: (H) _____ (HP) _____		

### B. MAID'S PARTICULARS

Name of Maid <i>Ro Dim Sui</i>	
*Date of Birth (dd/mm/yyyy) / /	Passport No
WP No	Nationality
The Period of Insurance (dd/mm/yyyy) From / / To / /	

### C. PERIOD OF INSURANCE:

\* ☒ 1-YEAR ☐ 2-YEAR

\*Please tick one only

\*Age Limit: 69 years of age & below

### D. CHOICE OF MEDICAL INSURANCE COVERAGE:

\* ☒ PLAN A ☐ PLAN B ☐ PLAN C ☐ PLAN D

### F. POLO GUARANTEE:

\* ☐ \$2,000 ☐ \$7,000

### E. REIMBURSEMENT OF INDEMNITY PAID TO INSURER:

\* ☐ YES ☒ NO

Provided always that if I/we pay the additional premium for the waiver of counter indemnity, my/our liability to keep Tokio Marine Insurance Singapore Ltd. indemnified as stipulated above shall only arise if the breach of the condition under the Security Bond was caused by or resulted from any deliberate act or omission of the Employer. Where the breach of the condition under the Security Bond was not caused by or resulted from the Employer's deliberate act or omission, I/we will only be liable to pay Tokio Marine Insurance Singapore Ltd. a fixed sum of S\$250.

### FOR OFFICE USE ONLY

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By submitting this information:

- I acknowledge and consent to TMIS collecting, using, disclosing and/or processing my personal data for the purpose of processing/servicing my policy/claim and be disclosed to third party service providers, or intermediaries, within or outside Singapore.
- I declare and confirm that I have obtained the consent of the proposer/employer name herein, where applicable, and that he/she has authorized me to disclose their personal data and to give consent on their behalf for the above collection, use, process and disclosure; and
- I acknowledge the detailed Privacy Policy Statement, governing the above, posted at [www.tokiomarine.com.sg](http://www.tokiomarine.com.sg).

Please check this box ☐ to receive information on AVA's innovative suite of Insurance Products/Services via email and/or SMS.

## 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: **Tokio Marine Insurance Singapore Ltd.**  
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

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, **Tokio Marine Insurance Singapore Ltd.** ("you") agrees to my/our request to provide the following (whichever is selected to be covered under the insurance plan):

- ☐ A Letter of Guarantee for \$5,000 to the Ministry of Manpower of Singapore and/or Controller of Immigration of Singapore; and/or
- ☐ An Insurance Bond for \$2,000 or \$7,000 (whichever amount is indicated in the insurance bond) to the Philippine Overseas Labour Office in Singapore, which guarantee(s) the payment on demand of any sum or sums not exceeding the amount stated in the Letter of Guarantee and/or Insurance Bond issued.

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 and/or Insurance Bond.
- 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.
- 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 and/or Insurance Bond as 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 and/or Insurance Bond without discharging or impairing my/our liability under the indemnity.

IN WITNESS WHEREOF I/we have hereto subscribed my/our name(s) this \_\_\_\_\_ day of \_\_\_\_\_ year

Signature of Witness

Full Name:

NRIC No.:

Address:

Signature of Employer

Full Name:

NRIC No.: