Mai Air



*** ITINERARY RECEIPT - DUPLICATE ***

AGENCY/AIRLINE NAME

MYANMAR TRVL 8M PSA OFFC

SINGAPORE

DATE OF ISSUE 01SEP18

RLOC 8M - JNPXO

NON-TRANSFERABLE NAME: NAN/HTARNWEMS

E-TICKET NUMBER: 5992100211228

DATE FLIGHT

DEPARTURE AIRPORT

SG

TIME ARRIVAL AIRPORT

CLASS BAG

04SEP 8M 232

SIN-SINGAPORE, SINGAPO 1350 RGN-YANGON, MYANMAR

L -OK 30K

TERMINAL 1

TERMINAL 1

ARRIVAL: 1520

RESTRICTIONS: VLD ON 8M OPTD/FLT/DTE CHG FEES SGD100PC/NONENDO/RRT/REF /FFP/NSPYTFFT

FORM OF PAYMENT: CASH

BASE FARE

IT SGD

TAX/FEE/CHARGE

SGD

99.10

6.100P

AVIATION LEVY

SGD

TICKET TOTAL

IT SGD

TAX/FEE/CHARGE ITEMIZATION

10.80T.7

30.40SG

4.50C7

6.90YO

46.50YR

Notice: "Carriage and other services provided by the carrier are subject to conditions of carriage, which are hereby incorporated by reference. These conditions may be obtained from the issuing carrier."

Data Protection Notice: Your personal data will be processed in accordance with the applicable carrier's privacy policy and, where your booking is made via a reservation system provider("GDS"), with its privacy policy. These are available at

http://www.iatatravelcenter.com/privacy.htm or from the carrier or GDS directly. You should read this documentation, which applies to your booking and specifies, for example, how your personal data is collected, stored, used, disclosed and transferred.

- 1. The check in counter will be closed 40 minutes before standard departure
- 2. The boarding gate will be closed 20 minutes before standard departure time

3. A single checked baggage weight may not exceed total 32kg

4. The Passenger shall not pack/place, fragile or perishable items, money, jewellery, or other valuables, business documents and other identification document or samples, in Checked Baggage

5. The dangerous goods must not be packed/placed/put in checked baggage or hand

carry baggage

6. Be sure to remove sharp item/s and restricted items in hand-carry baggage and check liquid, gel and aerosol limits by authority

7. Economy passengers may bring one main item of carry-on baggage and one other small item, with a total combined weight of up to 7kg

8. If you bring too many carry-on baggage items or if they exceed the weight or size limits at the departure gate, staff will insist that the hand-carry baggage will be checked in. Charges may apply

9. The carrier is not liable for any damages or expenses, which the passenger incurred due to non-compliance with the stated obligations.

10. The carrier reserves the right to check all travel documents and formalities

11. The passenger shall obtain all the necessary documents and comply with all conditions requested by authorities (e.g. entry and exit conditions of the country).





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.

Declaration by Employer				
Employer Name	TING WOON	HING.		
NRIC No./ FIN S11960432				
Contact No. 9636 0783 19735 2038.				
Signature and Date				
S/N Name of Foreig	gn Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction	
1 Man F	Har Niwe	MD137739.	CXL	
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 person	nel Nang N	May Oo		
Registration No.	D: 10002			
Signature and Date Navy Nay Ob				