

**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		MA XUEFEI				
NRIC No./ FIN		S8874415B				
Contact No.		91799861/9735 4442				
Signature and Date						
S/N	Name of Foreign	Domestic Worker(s) Passport / FIN / WP No. Authorised Transaction				
1.	BADRIYAH		AU230627	APPLY		
2.						
	I hereby declare that I am authorising <u>UNITED CHANNEL EMPLOYMENT AGENCY PTE LTD (07C4306)</u> (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 declare that I am authorising(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						
<b>⊘</b> I	I have spoken to and verified with employer to confirm his / her authorisation.					
Parameter"	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						
☑ I declare that the information provided on this form is true and correct						
Name of EA personnel Helen Huang Yuling						
Registration No. R1658004						
Signature and Date						
Signa	ature and Date					

1500 Bendemeer Road Singapore 339946 Tel +65 6438 5122 Web http://www.mom.gov.sg Email mom\_fmmd@mom.gov.sg

Underwritten by:



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

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

Name of Proposer Sex			Name of Maid		
MA XUEFEI			■M ✓F	BADRIYAH	
Address				AD-to-ADidb (ddf-a-fana)	In
4 UPPER SERANGO	OON CRESCENT #02-09 RI	IVERSAILS SINGA	PORE 534034	*Date of Birth (dd/mm/yyyy) / / 11/07/1993	Passport No A V 230627
Nationality CHINESE	SB Transmission Ref	Occupation		WP No	Nationality
Name of Company		NRIC/FIN No		The Period of Insurance (dd/n	NDONESIAN nm/yyyy)
Contact No:		S8874415B		From / /	То / /
(H) 91799861	(HP)	9735 4442			
* PLAN A REIMBURSEME * YES Provided always that if my/our liability to keep shall only arise if the bruffrom any deliberate act the Security Bond was I/we will only be liable	PLAN B PLAN C  NT OF INDEMNITY PA  I/We pay the additional premiu Tokio Marine Insurance Singapeach of the condition under the S or omission of the Employer. W not caused by or resulted from the to pay Tokio Marine Insurance  ECTION 2: H&S EXPE	PLAN D ID TO INSURER:  Im for the waiver of cooree Ltd. indemnified as Security Bond was caus; where the breach of the me Employer's deliberate is Singapore Ltd. a fixed	unter indemnity, stipulated above ed by or resulted condition under act or omission, d sum of \$\$250.	FOR OFFICE USE ONLY  (Optional):	00 (\$70.00)
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#### Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D

### **Worker Details**

WP No.

0 09406255

Name of Worker

BADRIYAH

**DOB** of Worker

: 11/07/1993

Sex

: FEMALE

Worker's FIN

: G8668473Q

Passport No.

: AU230627

**Nationality** 

: INDONESIAN

## **Employment History**

Results Found: 1				
Employer	Per	Industry		
	Start Date	End Date		
Employer 1	09/06/2018	21/01/2019	General Household	

#### Page 1

Back to Top Enquire Another Worker Print Employment History



MA Xuffet Name of Employer

Date Sign

#### **Work Pass Division**

18 Havelock Road Singapore 059764 Tel: 6438 5122 www.mom.gov.sg mom\_wpd@mom.gov.sg



# Annex A Employer and Spouse Income Tax Declaration

This form may take you 1 m	inute to fill in.			
	rm only if you do not wish nit (WP) for a foreign domes		ax Notice of Assessment when	
Part I - Monthly Combine	ed Income of Employer and	Spouse		
Please tick (✓) the appro	priate box.			
☐ Below \$2,000	□ \$2,000 to \$2,499	□ \$2,500 to \$2,999	□ \$3,000 to \$3,499	
□ \$3,500 to \$3,999	34,000 to \$4,999	\$5,000 to \$5,999	☐ \$6,000 to \$7,999	
\$8,000 to \$9,999	\$10,000 to \$12,499	\$12,500 to \$14,999	\$15,000 to \$19,999	
(a) \$20,000 to \$24,999	3 \$25,000 and above		T .	
Part II – Authorisation by	Employer and His/Her Spo	use		
I, MA XVEFE	orise the Comptroller of Incor	ne Tax to verify your income, *NRIC/WP No/FIN:	ax Notice of Assessment, please range stated in Part I above and \$8874415B,	
authorise the Comptroller assessment record(s) for the controller of Work Passes. *I/We all verification to the Controller of the event that *my/our at the point of verification, 1*/	of Income Tax to verify *my/o he current Year of Assessmen so authorise the Comptroller or of Work Passes.	our income tax range stated intended in the two previous Years of Income Tax to thereafted current Year of Assessment of Income Tax will veri	in Part I above, based on *my/our s of Assessment, for the Controller or communicate the results of the *is/are not available or finalised at ify *my/our income range stated in	
Employer			Employer's Spouse	
Income Tax Notice of Ass	sessment No:	Income Tax Notice of As	ssessment No:	
Signature:  Date:		Signature:  Date:		