



## 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>MA</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  |  |   |   |  |
|--|--|---|---|--|
| oyer Name  | CATHARINE KWAN KUAN LING   |   |   |  |
| No./ FIN   | S1297754I  |   |   |  |
| act No.  | 91715130   |   |   |  |
| Signature and Date   |  |   |   |  |
| Name of Foreign  | Domestic Worker(s)   | Passport / FIN / WP No.   | Authorised Transaction  |  |
| PHYO YANADAR PY  | AE SONE  | MD884L5)  | APPLY   |  |
|  |  |   |   |  |
| 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. |  |   |   |  |
| 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<br>of the employer.  |  |   |   |  |
| I declare that I have ensured all necessary fields are filled in prior to making the abovementioned<br>work pass transactions  |  |   |   |  |
| I declare that the information provided on this form is true and correct   |  |   |   |  |
| e of EA personnel  | Helen Huang Yuling   |   |   |  |
| stration No.   | R1658004   |   |   |  |
| Signature and Date   |  |   |   |  |
|  | No./ FIN  act No.  ture and Date  Name of Foreign  PHYO YANADAR PY  hereby declare that I are no. of employment  action form on my believe by declare that I are action form on my believe by the employer.  I have spoken to and a second for the employer.  I declare that I have envork pass transactions and declare that the information of the personnel | No./ FIN  S1297754I  nct No.  91715130  ture and Date  Name of Foreign Domestic Worker(s)  PHYO YANADAR PYAE SONE  Dereby declare that I am authorising UNITED CHANNEL and of employment agency) to perform the above we conly if applicable.  Dereby declare that I am authorising (Full name as in sation form on my behalf. A copy of the representative's North and verified with employer to confirm his is have spoken to and verified with employer that the person of the employer.  It declare that I have ensured all necessary fields are filled work pass transactions  It declare that the information provided on this form is true of EA personnel  Helen Huang Yuling  Stration No.  R1658004 | No./ FIN  S1297754I  act No.  91715130  Ture and Date  Name of Foreign Domestic Worker(s)  PHYO YANADAR PYAE SONE  PHYO YANADAR PYAE SONE  Pereby declare that I am authorising UNITED CHANNEL EMPLOYMENT AGENCY PTE LTE and of employment agency) to perform the above work pass transaction(s) on my be polly if applicable.  Bereby declare that I am authorising (Full name as in NRIC/Passport) (NRIC, sation form on my behalf. A copy of the representative's NRIC/Passport is enclosed with a laration by EA  Thave spoken to and verified with employer to confirm his / her authorisation.  Thave spoken to and verified with employer that the person submitting this form to the lof the employer.  The declare that I have ensured all necessary fields are filled in prior to making the above more pass transactions  The declare that the information provided on this form is true and correct  The of EA personnel Helen Huang Yuling  Stration No.  R1658004 |  |

Ministry of Manpower Foreign Manpower Management Division

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



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. D MAIDIC DARTICILI ARS

| A. PROPOSER'S /   | EMPLOYER'S PARTICUL  | ANO  |   | B. MAID'S PARTICUL   |   |
|---|--|--|---|--|---|
| Name of Proposer<br>CATHARINE KWA   | ame of Proposer  ATHARINE KWAN KUAN LING  Sex  ■ M ✓ F   |  | Name of Maid PHYO YANADAR PYAE SONE   |  |   |
| Address   |  |  |   |  |   |
| APT BLK 317 SERANGOON AVENUE 2 #13-226 SINGAPORE 550317   |  |  | *Date of Birth (dd/mm/yy<br>/<br>28/02/1993   | MD8845   |   |
| Nationality<br>Singapore  | SB Transmission Ref  | Occupation   |   | WP No  | Nationality   |
| Name of Company   |  | NRIC/FIN No  |   | The Period of Insurance (dd/mm/yyyy)   |   |
|   |  | S1297754I  |   |  |   |
| Contact No:<br>(H)  | (HP)   | 91715130   |   | From / /   | To /  |
| PERIOD OF IN  |  |  |   | *Age Limit: 69 years of ag   | ne & helow  |
| * 1, YEAR CHOICE OF M * PLAN A REIMBURSEM * YES Provided always that  | 2-YEAR EDICAL INSURANCE CO PLAN B PLAN C ENT OF INDEMNITY PAI NO t if I/we pay the additional premiu   | OVERAGE:  PLAN D  D TO INSURER:  | unter indemnity,  | F. POLO GUARANTE   | EE (For Filipino Helper only):<br>\$7,000 (\$70.00)   |
| shall only arise if the I   | p Tokio Marine Insurance Singapo<br>breach of the condition under the S<br>act or omission of the Employer. W<br>is not caused by or resulted from the   | ecurity Bond was caus<br>here the breach of the<br>e Employer's deliberate   | ed by or resulted<br>condition under<br>act or omission,  |  |   |
| I/we will only be liab  | le to pay Tokio Marine Insurance SECTION 2 : H&S EXPER   | NSES (Only with  | 2-Year Plan   | )(Optional):   |   |
| I/we will only be liab  S. TOP-UP FOR \$ \$ \$10,000  Iy submitting this inform i) I acknowledge and disclosed to third ii) I declare and con   | SECTION 2: H&S EXPER<br>(Annual Limit \$5,000) anation:<br>d consent to TMIS collecting, using party service providers, or intermedifirm that I have obtained the cons   | \$20,000 (Annual I   | crocessing my perside Singapore, mployer name her   | \$30,000 (Annual Lim<br>rsonal data for the purpose of pr<br>rein, where applicable, and that  | it \$15,000) recessing/servicing my policy/claim and behave has authorized me to disclose the   |
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Schedule A: Domestic Maid Insurance & Bond Package

| Section | Coverage | Plan A | Plan B | Plan C   | Plan D |
|---------|----------|--------|--------|--|--------|
|         |          |        |        | Learning and the second |        |



Work Pass Division Ministry of Manpower

18 Havelock Road Singapore 059764

Telephone: (65) 64385122 Website: http://www.mon

Email

: http://www.mom.gov.sg : mom\_wpd@mom.gov.sg

## **EMPLOYMENT HISTORY OF WORK PERMIT HOLDER**

Date printed

: 08/08/2019

**Employment Agency** 

: UNITED CHANNEL EMPLOYMENT AGENCY PTE. LT (07C4306)

## **Worker Details**

WP No.

: 0 94556627

Name of Worker

: PHYO YANADAR PYAE SONE

DOB of Worker

: 28/02/1993

Sex

: FEMALE

Worker's FIN

: G8780784W

Passport No.

: MD884551

Nationality

: MYANMAR

**Employment History** 

| Employer   | Period of Employment |          | Industry          |
|------------|----------------------|----------|-------------------|
|            | Start Date           | End Date |                   |
| Employer 1 | 01/03/2019           |          | General Household |

Sign

No person shall in any way make any additions, modifications, adjustments or alterations to the information, or further disclose the information to any other person(s) unless required by the Ministry of Manpower.

Name of Employer

Date

| Date: 06-08-2019  |  |
|---|--|
|   |  |
| To:   |  |
| Work Permit Department  |  |
| Minstry Of Manpower   |  |
| 18 Havelock Road  |  |
| Singapore 059764  |  |
| Dear Sir / Madam  |  |
| CONSENT TO TRANSFE  | R FOREIGN DOMESTIC WORKER  |
| FOREIGN DOMESTIC WORKER   | PHYO YANADAR PYAE SONE   |
| WORK PERMIT   | 0 94556627   |
| DATE OF APPLICATION   |  |
|   |  |
| DANNY CHOONG  | of NRIC / Passport NoS1417044H   |
| (Name of Current Employer)                                      | of fixed / redspore its  |
| Agree to release my Foreign D                                   | comestic Worker named above to the prospective employer  |
| (Name of Prospective Employer)                                  |  |
| Pending the outcome of the ap<br>of the said Foreign Domestic W | plication, I undertake all responsibilities for the employment orker and will extend her work permit ( if necessary ). |
| If the application is not approve                               | ed, I will repatriate this worker.   |
|   |  |
| Signature of Current Employ                                     | ver  |