

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		TAN SAW CHENG					
NRIC No./ FIN		S0145079D					
Contact No.		96775498					
Signa	ture and Date	· Gir					
S/N	Name of Foreign	Domestic Worker(s) Passport / FIN / WP No. Authorised Transaction					
1.	1. WAH WAH MIN THU		MD936722	APPLY			
2.	*						
I h	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.							
CD.	Declaration by EA						
✓ I	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 the information provided on this form is true and correct							
Name	e of EA personnel	Helen Huang Yuling					
Regis	stration No.	R1658004	\rightarrow				
Signa	ture and Date						
Minin	Ministry of Mannayor Saraign Mannayor Mannayor Division						

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



TIME DEPOSIT ADVICE 定期存款通知

This is an advice only and need not be presented for withdrawals or renewals. Please retain this advice for income tax purposes. 续存或提款时,不必出示此通知单。请保存此通知单作为呈报所得税之用。

Account No 户口号码	Deposit No 存款编号 Account Name 户口姓名		口姓名		24MAY18	
582-002663-501	0008	TAN SAW (CHENG			
rincipal 本金 S\$50,000.00	Interest Rate pa 年利率 *1.300000		Period 时效 24MAY2018-24MAY2019		Interest Due 到期应付利息	
t maturity, principal will be 到期本金为 CREDITED	Interest will be 利息为 CREDITED AT MA	Military and the	Account to be credited 入账户口号码 508-6-797312	TWO IS NOT THE REAL PROPERTY.	S\$650.00 Teller No 出纳员编号	

Please note that a premature withdrawal charge, computed at point of withdrawal, is applicable if the Time Deposit is withdrawn before the maturity date. 请注意,客户若决定在定期存款到期前提款,本行将征收提前提款费。而此费用

TRN/BR/052

Co.Reg.no. 193200032W

Valid only with the Bank's machine print or authorised signature. Please examine this advice and notify the Bank immediately of any discrepancies. For withdrawals or renewals, quote account and deposit numbers. 本单须由本行电脑终端机打印或授权职员签署方为有效。请检查此单内容,若有错误之处,立即通知本行。如欲提款或续存,请引用户口号码及存款编号。

CUSTOMER COPY 客户存本

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 ought to know in respect of the risk that is being proposed; otherwise the policy issued hereunder may be void.

. PROPOSER'S / I	EMPLOYER'S PARTICULA	RS		B. MAID'S PARTICULARS		
Name of Proposer			Sex	Name of Maid		
TAN SAW CHENG ■ M ✓ F			WAH WAH MIN THU			
Address					In	
10 GEYLANG EAS	T AVENUE 2 #06-03 SINGAPO	ORE 389758		*Date of Birth (dd/mm/yyyy) / 20/09/1989	MD936722	
ationality SB Transmission Ref Occupation NGAPOREAN				WP No	Nationality	
Name of Company		NRIC/FIN No		N	MYANMAR	
value of Company			The Period of Insurance (dd/mm/yyyy)			
Contact No:		S0145079D		From / /	To / /	
(H)	(HP) 96	6775498				
PERIOD OF INS		*Please	tick one only	*Age Limit: 69 years of age &	below For Filipino Helper only):	
CHOICE OF ME	2-YEAR DICAL INSURANCE COV	FRAGE:		*= \$2,000 = \$7,0	00 (\$70.00)	
* PLANA	PLAN B PLAN C	PLAN D		FOR OFFICE USE ONLY	S. C.	
	ENT OF INDEMNITY PAID			FOR OFFICE USE ONLY		
* YES	NO			-		
Provided always that i	if I/we pay the additional premium Tokio Marine Insurance Singapore	for the waiver of cou Ltd. indemnified as	unter indemnity, stipulated above			
shall only arise if the br	reach of the condition under the Sec ct or omission of the Employer. Whe	curity Bond was cause	ed by or resulted			
the Security Bond was	not caused by or resulted from the E	Employer's deliberate	act or omission,			
	e to pay Tokio Marine Insurance Si ECTION 2 : H&S EXPENS			(Ontional):		
		SEO (OIN) WILL	1-14 C40 0001	\$30,000 (Annual Limit \$1	5,000)	
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Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D
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