

**Declaration by Employer** 

LIM SAI KIAM

S0494832G

**Employer Name** 

NRIC No./ FIN



# 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.

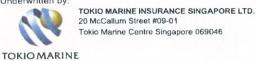
\*The softcopy of this form contains macros and can only be used with MS Word 2007 version or later. Please print out the PDF version and fill it in hardcopy if you do not have the required software.

Conta	ct No.	91360353/97761661		
Signature and Date		木木		13 DEC 2018
S/N	Name of Foreign	Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1.	WAR WAR KHAING		MD 48 4 652	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) or my behalf.				
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				
☑ 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 Helen Huang Yuling				
Registration No. R1658004				
Sign	ature and Date	1		13 DEC 2018

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:





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 /	LIMI LOILING I AINTIGGE	ANO		B. MAID'S PARTICULARS	
Name of Proposer			Sex /	Name of Maid	
LIM SAI KIAM				WAR WAR KHAING	
Address					
APT BLK 82 MAC	PHERSON LANE 03-19 SIN	GAPORE 360082		*Date of Birth (dd/mm/yyyy) / / 02/08/1995	Passport No MDY84652
Nationality Singaporean	SB Transmission Ref	Occupation		WP No	Nationality
				1	MYANMAR
Name of Company		NRIC/FIN No S0494832G		The Period of Insurance (dd/r	mm/yyyy)
Contact No:		301710320		From / /	To / /
H)	(HP)	91360353/9776166	51		
* PLAN A  REIMBURSEM  * YES  Provided always that my/our liability to kee		DVERAGE: PLAN D ID TO INSURER or for the waiver of core Ltd. indemnified as	ounter indemnity, s stipulated above		For Filipino Helper only): 000 (\$70.00)
i/we will only be liab	le to pay Tokio Marine Insurance		EU SUIII UI 3\$23U.		
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S10,000 By submitting this inform i) I acknowledge ar disclosed to third ii) I dectare and compersonal data and iii) I acknowledge the IMPORTANT NOTICE: of fax or otherwise, sha To: Tokio Ma 20 McCalli Dear Sirs, RE: COUNTER-INDEN In lieu of the cash dept following (whichever is In Item of Guarant An Insurance Bonwhich guarantee(s) the In return, I/We will, at all time losses, liabilities, or which become is taken or made as 3. I/We shall accept of Guarantee and 4. This counter inde Letter of Guarant IN WITNESS WHERE	(Annual Limit \$5,000)  Ination: Indiconsent to TMiS collecting, us party service providers, or interm firm that I have obtained the control to give consent on their behalf of detailed Privacy Policy Statement of the tendency Policy P	\$20,000 (Annual ing, disclosing and/or nediaries, within or our sent of the proposer/cor the above collection, governing the above collection, governing the above collection, governing the above collection, governing the above country of the above collection of the abov	processing my per side Singapore. In the side Singapore amployer name her n, use, process and ve, posted at wwwINDEMNITY this Counter-Indemn't law and shall have 19046  Toklo Marine Insure and/or Controller in the insurance boding the amount state and severally compute expenses determined by the several surance Bond. In the insurance boding the amount state and severally compute expenses determined by ability to you by time have absoluted by time have absoluted by the several surance Bond. In the several surance Bond. In the several surance Bond and several surance Bond. In the several surance Bond and several surance Bond. In the several suran	\$30,000 (Annual Limit \$1 sonal data for the purpose of processin, where applicable, and that he/sid disclosure; and tokiomarine.com.sg.  FORM  This is hereby understood and the same legal effects as that of the control of the same legal effects as that of the control of the same legal effects as that of the control of the same legal effects as that of the control of the same legal effects as that of the control of limits and the same legal effects as that of the control of limits as the same legal effects as that of the control of limits as the same legal effects as that of the control of limits and the same legal effects as that of the control of limits and the same legal effects as that of the control of limits and the same legal effects as that of the control of limits and the same legal effects as that of the control of limits and the same legal effects as that of the control of limits and the same legal effects as that of the control of limits and the same legal effects as that of the control of limits and the same legal effects as that of the control of limits and the same legal effects as that of the control of limits and the same legal effects as that of the control of limits and limits as the same legal effects as that of the control of limits and	agreed that a copy of it, either by way original.  s to my/our request to provide the rur Office in Singapore, r Insurance Bond issued.  , demands, actions, suits, proceeding inch may be taken or made against youllities whatsoever which may be accurred by you because of the Letter of the has a suits

### Schedule A: Domestic Maid Insurance & Bond Package

Section	Coverage	Plan A	Plan B	Plan C	Plan D

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.			
Please complete this form only if you do not wish to submit your Income Tax Notice of Assessment wher applying for a Work Permit (WP) for a foreign domestic worker.				
Part I – Monthly Combine	ed Income of Employer and S	Spouse		
Please tick (✓) the appro	priate box.			
☐ Below \$2,000 ☐ \$3,500 to \$3,999 ☐ \$8,000 to \$9,999 ☐ \$20,000 to \$24,999	□ \$2,000 to \$2,499 □ \$4,000 to \$4,999 □ \$10,000 to \$12,499 □ \$25,000 and above	□ \$2,500 to \$2,999 □ \$5,000 to \$5,999 □ \$12,500 to \$14,999	□ \$3,000 to \$3,499 \$6,000 to \$7,999 □ \$15,000 to \$19,999	
	Employer and His/Her Spor	ISA		
communicate the results o	f the verification to the Control	ller of Work Passes.	ax Notice of Assessment, please range stated in Part I above and	
and/or I,(Name of the	employer's spouse)	NRIC/WP No/FIN:	,	
authorise the Comptroller assessment record(s) for	of Income Tax to verify *my/o	our income tax range stated	in Part I above, based on *my/our is of Assessment, for the Controller er communicate the results of the	
	assessment record(s) for the we understand that the Compessment record(s) for the two		*is/are not available or finalised at rify *my/our income range stated in ent.	
	mployer	Emp	loyer's Spouse	
Income Tax Notice of As	sessment No:	Income Tax Notice of A	Assessment No:	
13		TS		
Signature:	<i>\( \)</i>	Signature:		
Date:		Date:		
*Delete where inapplicable				





# PART B

Fill in the details of the sponsors (and/or their spouse) below and ask them to sign the declaration. Please also complete Part A of the application form, Note that the section "Sponsor Income Details" should be completed with the sponsor's income, not the employer's. MOM can only consider two incomes, but they can be any of the employer's children/grandchildren/siblings or their partners.

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Please also submit copies of these additional documents with this application:

- 1. The sponsors' NRIC
- 2. Supporting documents to prove their income

Sponsor income details	
Please use 1 or 2 to tell us about the sponsor's income.	
1. The sponsor's monthly income range:	
2. The sponsors' combined monthly income range:	
Have the sponsor(s) worked in Singapore for the last 2 years?  Yes  No	(tick one):
What income proof do the sponsor(s) want to provide? (tick one)	·
☐ Notice of assessment (NOA)	
Employer letter & CPF statements, overseas income tax, or are they can afford to maintain the helper	ny other documents to show that
Allow MOM to verify the sponsor(s)' income with IRAS. Please	e provide us with:
<ul> <li>Sponsor 1's Singapore Tax Reference No.:</li> </ul>	S7832033H.
Sponsor 2's Singapore Tax Reference No.:	





PART B

About sponsor one	7
Relationship with the employer:	
Grandson.	
Full name:	
Can Ch a	
seah Chin Ming, Paul (She Junmin).	
Gender (tick one):	
Female Male	
Date of birth (dd/mm/yyyy):	
26.11.01.19.7.8	
NRIC (if any):	
S. 7. 8.3.2.0.3.3.H	
Nationality:	
Singaporean	
Residential status (tick one):  Singapore Citizen  Permanent Resident	
Singapore Citizen	
Residential address:	
APT BLK 155 Rivervale Crescent #13-142	
Postal Code 540/	5 1
Marital status (lick one):	
Single Divorced Widowed Separated Marri	o.d
L I Wall	eu





PART B

If sponsor 1 is married, please complete this section.
Was the marriage registered in Singapore? (tick one):  Yes  No
Spouse's full name:
TING CHAI INN (CHEN CAIYING).
Spouse's gender (tick one):  Female  Male
Spouse's date of birth (dd/mm/yyyy):
Spouse's NRIC (if any):  Spouse's FIN (if any):
Passport no.:  Passport expiry date (dd/mm/yyyy):
Spouse's nationality:  Singaporan.
Spouse's residential status (tick one):  Singapore Citizen  Permanent Resident  Long-Term Visit Pass (LTVP)  Employment or S Pass  Dependant's Pass  Others
Sponsor 1's contact details
Mobile no.:
+ 6 5 9 8 3 8 (1,40)
Email:
sk salice @ yahoo com
Residential address:  APT BLK 155 Rivervale Crescent # 13-142.
Postal Code J. V. O. / J. J



Date (DD-MM-YYYY)

Ministry of Manpower Work Pass Division
Web http://www.morn.gov.sg ; Contact us http://www.



Marchell and the contact of the cont	
Declaration by sponsor(s)	
I/We declare that:	
I.	
2. I/We remain responsible for this foreign demand	nce and well-being of the foreign domestic worker.
it is in the second of the sec	tic worker as long as we remain sponsor(s).
domestic worker.	MOM will take into consideration our existing responsibilities for the foreign
	y and all other employment related expenses on behalf of
(Nan	ne of employer), for as long as we remain sponsor(s).
A Barrastra de Contrator de Contrat	State for the production of the state of the
Name of sponsor 1	THE STATE OF THE S
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seah Chin Ming, Paul She Ju	m min)
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