




## 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 **NA** 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	LIM SAI KIAM
NRIC No. / FIN	S0494832G
Contact No.	91360353/97761661
Signature and Date	 13 DEC 2018

S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1.	WAR WAR KHAING	MD 484652	APPLY
2.			

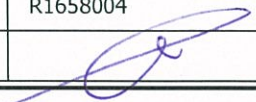
☐ I hereby declare that I am authorising UNITED CHANNEL EMPLOYMENT AGENCY PTE LTD (07C4306) (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf.

### 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

- ☒ 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
Signature and Date	 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](mailto:mom_fmmd@mom.gov.sg)



Underwritten by:



TOKIO MARINE

**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.

**A. PROPOSER'S / EMPLOYER'S PARTICULARS**

Name of Proposer <b>LIM SAI KIAM</b>		Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address  <b>APT BLK 82 MACPHERSON LANE 03-19 SINGAPORE 360082</b>		
Nationality Singaporean	SB Transmission Ref	Occupation
Name of Company		NRIC/FIN No <b>S0494832G</b>
Contact No: (H) _____ (HP) <b>91360353/97761661</b>		

**B. MAID'S PARTICULARS**

Name of Maid  <b>WAR WAR KHAING</b>	
*Date of Birth (dd/mm/yyyy) <b>02/08/1995</b>	Passport No <b>MD484652</b>
WP No	Nationality <b>MYANMAR</b>
The Period of Insurance (dd/mm/yyyy) From / / To / /	

**C. PERIOD OF INSURANCE:**\* ☐ 1-YEAR ☒ 2-YEAR

\*Please tick one only

**D. CHOICE OF MEDICAL INSURANCE COVERAGE:**\* ☒ PLAN A ☐ PLAN B ☐ PLAN C ☐ PLAN D**E. REIMBURSEMENT OF INDEMNITY PAID TO INSURER:**\* ☐ YES ☒ NO

Provided always that if I/we pay the additional premium for the waiver of counter indemnity, my/our liability to keep Tokio Marine Insurance Singapore Ltd. indemnified as stipulated above shall only arise if the breach of the condition under the Security Bond was caused by or resulted from any deliberate act or omission of the Employer. Where the breach of the condition under the Security Bond was not caused by or resulted from the Employer's deliberate act or omission, I/we will only be liable to pay Tokio Marine Insurance Singapore Ltd. a fixed sum of S\$250.

\*Age Limit: 69 years of age &amp; below

**F. POLO GUARANTEE (For Filipino Helper only):**\* ☐ \$2,000 ☐ \$7,000 (\$70.00)**FOR OFFICE USE ONLY****G. TOP-UP FOR SECTION 2 : H&S EXPENSES (Only with 2-Year Plan)(Optional):**
☐ \$10,000 (Annual Limit \$5,000) ☐ \$20,000 (Annual Limit \$10,000) ☐ \$30,000 (Annual Limit \$15,000)

By submitting this information:

- I acknowledge and consent to TMIS collecting, using, disclosing and/or processing my personal data for the purpose of processing/servicing my policy/claim and be disclosed to third party service providers, or intermediaries, within or outside Singapore.
- I declare and confirm that I have obtained the consent of the proposer/employer name herein, where applicable, and that he/she has authorized me to disclose their personal data and to give consent on their behalf for the above collection, use, process and disclosure; and
- I acknowledge the detailed Privacy Policy Statement, governing the above, posted at [www.tokiomarine.com.sg](http://www.tokiomarine.com.sg).

**COUNTER-INDEMNITY FORM**

**IMPORTANT NOTICE:** The Employer is hereby notified that by virtue of signing this Counter-Indemnity Form, it is hereby understood and agreed that a copy of it, either by way of fax or otherwise, shall be deemed binding and legally enforceable in a court of law and shall have the same legal effects as that of the original.

To: **Tokio Marine Insurance Singapore Ltd.**  
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

Dear Sirs,

RE: COUNTER-INDEMNITY FOR LETTER OF GUARANTEE NO. \_\_\_\_\_

In lieu of the cash deposit that I/we would otherwise have to provide as security, **Tokio Marine Insurance Singapore Ltd.** ("you") agrees to my/our request to provide the following (whichever is selected to be covered under the insurance plan):

- ☐ A Letter of Guarantee for \$5,000 to the Ministry of Manpower of Singapore and/or Controller of Immigration of Singapore; and/or
- ☐ An Insurance Bond for \$2,000 or \$7,000 (whichever amount is indicated in the insurance bond) to the Philippine Overseas Labour Office in Singapore, which guarantee(s) the payment on demand of any sum or sums not exceeding the amount stated in the Letter of Guarantee and/or Insurance Bond issued.

In return, I/we agree and undertake as follows:

- I/We will, at all times, unconditionally and irrevocably guarantee to jointly and severally compensate you for all claims, payments, demands, actions, suits, proceedings losses, liabilities, costs and expenses whatsoever (including legal costs and expenses determined on a solicitor or client basis) which may be taken or made against you or which become payable by you under the Letter of Guarantee and/or Insurance Bond.
- You will have absolute discretion to compromise all claims, payments, demands, actions, suits, proceedings, losses and liabilities whatsoever which may be taken or made against you under the Letter of Guarantee and/or Insurance Bond.
- I/We shall accept the receipts, vouchers or any other evidence of all payments made by you or all liabilities or obligations incurred by you because of the Letter of Guarantee and/or Insurance Bond as conclusive evidence of my/our liability to you.
- This counter indemnity shall be a continuing demand and you may at any time have absolute discretion without giving any notice to me/us extend the validity of the Letter of Guarantee and/or Insurance Bond without discharging or impairing my/our liability under the indemnity.

IN WITNESS WHEREOF I/we have hereunto subscribed my/our name(s) this \_\_\_\_\_ day of \_\_\_\_\_ year

Signature of Witness

Full Name:

NRIC No.:

Address:

**Huang Yuling**  
**R1658004**



Signature of Employer

Full Name:

NRIC No.:

**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 minute to fill in.

Please complete this form only if you do not wish to submit your Income Tax Notice of Assessment when applying for a Work Permit (WP) for a foreign domestic worker.

### Part I – Monthly Combined Income of Employer and Spouse

Please tick (✓) the appropriate box.

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Below \$2,000        | <input type="checkbox"/> \$2,000 to \$2,499   | <input type="checkbox"/> \$2,500 to \$2,999   | <input type="checkbox"/> \$3,000 to \$3,499            |
| <input type="checkbox"/> \$3,500 to \$3,999   | <input type="checkbox"/> \$4,000 to \$4,999   | <input type="checkbox"/> \$5,000 to \$5,999   | <input checked="" type="checkbox"/> \$6,000 to \$7,999 |
| <input type="checkbox"/> \$8,000 to \$9,999   | <input type="checkbox"/> \$10,000 to \$12,499 | <input type="checkbox"/> \$12,500 to \$14,999 | <input type="checkbox"/> \$15,000 to \$19,999          |
| <input type="checkbox"/> \$20,000 to \$24,999 | <input type="checkbox"/> \$25,000 and above   |   |  |

### Part II – Authorisation by Employer and His/Her Spouse

If either you and/or your spouse do not wish to submit a copy of your Income Tax Notice of Assessment, please complete Part II and authorise the Comptroller of Income Tax to verify your income range stated in Part I above and communicate the results of the verification to the Controller of Work Passes.

I, Seah chin Ming, Paul (She Junmin), \*NRIC/WP No/FIN: S7832033H,  
(Name of employer)

and/or I, \_\_\_\_\_, \*NRIC/WP No/FIN: \_\_\_\_\_,  
(Name of the employer's spouse)

authorise the Comptroller of Income Tax to verify \*my/our income tax range stated in Part I above, based on \*my/our assessment record(s) for the current Year of Assessment and the two previous Years of Assessment, for the Controller of Work Passes. \*I/We also authorise the Comptroller of Income Tax to thereafter communicate the results of the verification to the Controller of Work Passes.

In the event that \*my/our assessment record(s) for the current Year of Assessment \*is/are not available or finalised at the point of verification, I/\*we understand that the Comptroller of Income Tax will verify \*my/our income range stated in Part I against \*my/our assessment record(s) for the two previous Years of Assessment.

Employer	Employer's Spouse
Income Tax Notice of Assessment No:	Income Tax Notice of Assessment No:
Signature:	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.

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:

\$6,000 - \$7,000

2. The sponsors' combined monthly income range:

Have the sponsor(s) worked in Singapore for the last 2 years? (tick one):

☒ Yes

☐ No

What income proof do the sponsor(s) want to provide? (tick one):

☐ Notice of assessment (NOA)

☐ Employer letter & CPF statements, overseas income tax, or any other documents to show that they can afford to maintain the helper

☒ Allow MOM to verify the sponsor(s)' income with IRAS. Please provide us with:

• Sponsor 1's Singapore Tax Reference No.:

S7832033H

• Sponsor 2's Singapore Tax Reference No.:





## PART B

### About sponsor one

Relationship with the employer:

Grandson

Full name:

Seah Chin Ming, Perul (She Junmin)

Gender (tick one):

☐ Female

☒ Male

Date of birth (dd/mm/yyyy):

26/11/01/1978

NRIC (if any):

S7832033H

Nationality:

Singaporean

Residential status (tick one):

☒ Singapore Citizen

☐ Permanent Resident

Residential address:

APT BLK 155 Rivervale Crescent #13-142

Postal Code

540155

Marital status (tick one):

☐ Single

☐ Divorced

☐ Widowed

☐ Separated

☒ Married



## 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):

13/10/1978

Spouse's NRIC (if any):

S7830247Z

Spouse's FIN (if any):

Passport no.:

Passport expiry date (dd/mm/yyyy):

/ /

Spouse's nationality:

Singaporean

Spouse's residential status (tick one):

☒ Singapore Citizen

☐ Permanent Resident

☐ Long-Term Visit Pass (LTVP)

☐ Employment or S Pass

☐ Dependant's Pass

☐ Diplomat

☐ Others

## Sponsor 1's contact details

Mobile no.:

+ 65 9838 1140

Email:

sk.salice@yahoo.com

Residential address:

APT BLK 155 Rivervale Crescent #13-142.

Postal Code

540155





**Declaration by sponsor(s)**

I/We declare that:

1. I/We are responsible for the upkeep, maintenance and well-being of the foreign domestic worker.
2. I/We remain responsible for this foreign domestic worker as long as we remain sponsor(s).
3. If I/we apply for a new foreign domestic worker, MOM will take into consideration our existing responsibilities for the foreign domestic worker.
4. I/We must pay the foreign domestic worker levy and all other employment related expenses on behalf of \_\_\_\_\_ (Name of employer), for as long as we remain sponsor(s).

Name of sponsor 1

*Seah Chin Ming, Paul (She Jumin)*

NRIC/Passport number of sponsor 1

*S7832033H*

Signature of sponsor 1

*X*

Date (DD-MM-YYYY)

Name of sponsor 2

NRIC/Passport number of sponsor 2

Signature of sponsor 2



Work Pass Division  
Ministry of Manpower  
18 Havelock Road  
Singapore 059764  
Telephone : (65) 64385122  
Website : <http://www.mom.gov.sg>  
Email : [mom\\_wpd@mom.gov.sg](mailto:mom_wpd@mom.gov.sg)

### EMPLOYMENT HISTORY OF WORK PERMIT HOLDER

Date printed : 22/12/2018  
Employment Agency : UNITED CHANNEL EMPLOYMENT AGENCY PTE. LT (07C4306)

#### Worker Details

WP No.	: 0 94464609
Name of Worker	: WAR WAR KHAING
DOB of Worker	: 02/08/1995
Sex	: FEMALE
Worker's FIN	: G8730550W
Passport No.	: MD484652
Nationality	: MYANMAR

#### Employment History

Results Found : 1

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 1	25/10/2018	09/11/2018	General Household

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

木木

Date

Sign