

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.

Emplo	oyer Name	LIM SAI KIAM		
NRIC	No./ FIN	S0494832G		
Conta	ict No.	91360353/97761661		
Signa	ture 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		MD484652	APPLY
2.				
		am authorising <u>UNITED CHANNEL</u> at agency) to perform the above wo		
I h		am authorising(Full name as in half. A copy of the representative's l		
•	I have spoken to and	verified with employer to confirm hi	s / her authorisation.	
	I have spoken to and of the employer.	verified with employer that the pers	on submitting this form to the	EA is authorised to do so on behalf
-	I declare that I have of work pass transaction	ensured all necessary fields are filleds s	l in prior to making the aboven	nentioned
•	I declare that the info	rmation provided on this form is tru	e and correct	
Nam	e of EA personnel	Helen Huang Yuling		
	and the second s			
Regi	stration No.	R1658004		1 3 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



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 / E	MI LOTER OT ARTICOL				
Name of Proposer			Sex /	Name of Maid	
LIM SAI KIAM			■ M 🗸 F	WAR WAR KHAING	
Address				10 1 10 11 11 11	T
APT BLK 82 MACPI	HERSON LANE 03-19 SINC	GAPORE 360082		*Date of Birth (dd/mm/yyyy) / 02/08/1995	Passport No MDY84652
Nationality Singaporean	SB Transmission Ref	Occupation		WP No	Nationality
					MYANMAR
Name of Company		NRIC/FIN No		The Period of Insurance (dd/s	mm/yyyy)
2 - 1 - 1 N - 1		S0494832G			- 1 1
Contact No: 'H)	(HP)	91360353/9776166	1	From / /	To / /
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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

This form may take you 1 minute to fill in.



Annex A Employer and Spouse Income Tax Declaration

Please complete this form applying for a Work Permit	only if you do not wish to (WP) for a foreign domestic	submit your Income Tax worker.	Notice of Assessment when
Part I - Monthly Combined	Income of Employer and Sp	ouse	
Please tick (✓) the appropri	iate box.		
☐ Below \$2,000	□ \$2,000 to \$2,499	□ \$2,500 to \$2,999	□ \$3,000 to \$3,499
□ \$3,500 to \$3,999 □ \$8,000 to \$9,999	□ \$4,000 to \$4,999 □ \$10,000 to \$12,499	□ \$5,000 to \$5,999	\$6,000 to \$7,999
□ \$20,000 to \$24,999	☐ \$25,000 and above	□ \$12,500 to \$14,999	□ \$15,000 to \$19,999
Part II – Authorisation by E	mployer and His/Her Spous	е	
If either you and/or your sp complete Part II and authoris communicate the results of the	ouse do not wish to submit se the Comptroller of Income ne verification to the Controller	a copy of your Income Tax Tax to verify your income r	x Notice of Assessment, please range stated in Part I above and
1, Seah Chin Ming (Name of em	Paul (She Junmin)	, *NRIC/WP No/FIN:	S7832033H.
and/or I,(Name of the en	nployer's spouse) , *Ni	RIC/WP No/FIN:	
authorise the Comptroller of assessment record(s) for the	Income Tax to verify *my/our current Year of Assessment	income tax range stated in	Part I above, based on *my/our of Assessment, for the Controller communicate the results of the
In the event that *my/our ass the point of verification, I*/we Part I against *my/our assess	sessment record(s) for the cue understand that the Comptrosment record(s) for the two pro-	rrent Year of Assessment *i oller of Income Tax will verif evious Years of Assessment	s/are not available or finalised at y *my/our income range stated in t.
	ployer	Emplo	yer's Spouse
Income Tax Notice of Asse	ssment No:	Income Tax Notice of Ass	
		TS	occoment No.
Signature:		Signature:	
TS X	λ	TS	
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.

karanananan menangan tahung dan mengangan permengan dan mengangan pengangan mengangan pengangan mengangan menga

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: 46 7000 - \$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.:
Sponsor 2's Singapore Tax Reference No.:





PART B

About sponsor one	
Relationship with the employer:	
Grandson.	
Full name:	
Seah Chin Ming, Porul (She Junmin).	_
Jeanna Je	
Gender (tick one):	
Male .	
Date of birth (dd/mm/yyyy):	
26.11.01.1978	
NRIC (if any):	
S. 7. 83,2033 H	
Nationality:	
Singaporean	
Residential status (tick one):	
Singapore Citizen Permanent Resident	
Residential address:	
APT BLK 155 Rivervale Crescent #13-142	
110110110 010011 # 15 142	
	1,2
Marital status (lick one):	
Single Divorced Widowed Separated Man	ried





PART B

If sponsor 1 is married, please complete	e this section.
Was the marriage registered in Singa	apore? (tick one):
Yes D	No
Spouse's full name:	
TING CHAI I'M (CHEN	CA141N(7).
Spouse's gender (tick one): Female	☐ Male
Spouse's date of birth (dd/mm/yyyy):	
Spouse's NRIC (if any): S. 7. 8. 2. 0. 9. 4. 7. 2	Spouse's FIN (if any):
Passport no.:	Passport expiry date (dd/mm/yyyy):
Spouse's nationality:	
Spouse's residential status (tick one):
Singapore Citizen	Permanent Resident Long-Term Visit Pass (LTVP) Dependant's Pass Diplomat
Sponsor 1's contact det	alls
Mobile no.: + 6 5 9 8 3 8 (1/40	
Email:	
sk salice @ yahoo com	
Residential address:	
	vervale Crescent # 13-142.
	Postal Code 540/15





Declaration by sponsor(s)

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

I/We declare that:

1. I/We are responsible for the upkeep, maintenance and	well-being of the ferring day
2. I/We remain responsible for this foreign domestic works	well-being of the foreign domestic worker.
3. If I/we apply for a new foreign demostic worker MON.	as long as we remain sponsor(s).
domestic worker.	vill take into consideration our existing responsibilities for the foreig
4. I/We must pay the foreign domestic worker levy and all	other employment related expenses on behalf of
(Name of em	ployer), for as long as we remain sponsor(s).
parametrical experimental micropiants and defende to the parametric properties of the parametric proper	中的一种的一种的一种,但是一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种,但是一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种
Name of sponsor 1	Name of sponsor 2
seah Chin Ming, Paul She Jummin	721.00
最大的大学,我们就会知识的对象的对象的对象,但可以是是一个一个人的人的,但是是一个人的人的,我们就是一个人的人的人的人的人们的人的人们的人们的人们的人们的人们	/ 1/2 Proposition also not respect that our arms are reported by the second control of the control of the control of
NRIC/Passport number of sponsor 1	NRIC/Passport number of sponsor 2
Ž	throw assport number of sponsor 2
S7832033H	
Signature of sponsor 1	· 1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,
originature of sportson i	Signature of sponsor 2
X	
Date (DD-MM-YYYY)	The production of the second o



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

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

Date