




## 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	SHEELA KRISHNAMOORTHY		
NRIC No. / FIN	S7488746E		
Contact No.	90078445		
Signature and Date	 16/2/19		
S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	SISKA IRMA YULIA	0 08471002	APPLY
2			
<input checked="" type="checkbox"/> I hereby declare that I am authorising <b>United Channel Employment Agency Pte Ltd</b> (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf. <small>865 Mountbatten Road #01-22/23/24/25 Katong Shopping Centre Singapore 437844 Tel: 6344 8807 Fax: 6345 0806 Email: unitedes@singnet.com</small>			
<b>Fill in only if applicable.</b>			
<input type="checkbox"/> I hereby authorise _____ (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

<input checked="" type="checkbox"/> I have spoken to and verified with employer to confirm his / her authorisation.	
<input checked="" type="checkbox"/> 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.	
<input checked="" type="checkbox"/> I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions.	
<input checked="" type="checkbox"/> I declare that the information provided on this form is true and correct.	
Name of EA personnel	Palma Sharon Asuncion R1105865
Registration No.	
Signature and Date	17 FEB 2019



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 : 16/02/2019  
Employment Agency : UNITED CHANNEL EMPLOYMENT AGENCY PTE. LT (07C4306)

#### Worker Details

WP No. : 0 08471002  
Name of Worker : SISKI IRMA YULIA  
DOB of Worker : 03/07/1991  
Sex : FEMALE  
Worker's FIN : G2600845Q  
Passport No. : AT383666  
Nationality : INDONESIAN

#### Employment History

Results Found : 2

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 2	29/11/2018		General Household
Employer 1	28/02/2015	04/03/2017	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.

U. Heale  
Name of Employer  
16/2/2019  
Date  
U. Heale  
Sign





**TOKIO MARINE INSURANCE SINGAPORE LTD.**  
20 McCallum Street #09-01  
Tokio Marine Centre Singapore 069046

TOKIO MARINE

KT-UCE



**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>SHEELA KRISHNAMOORTHY</b>		Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Address <b>370E ALEXANDRA ROAD #05-02 THE ANCHORAGE S(159958)</b>		
Nationality <b>INDIAN</b>	SB Transmission Ref <b>1508481</b>	Occupation
Name of Company		NRIC/FIN No <b>S7488746E</b>
Contact No: (H) _____ (HP) <b>90078445</b>		

### B. MAID'S PARTICULARS

Name of Maid <b>ISKRA IRMA YULIA</b>	
*Date of Birth (dd/mm/yyyy) <b>03 / 07 / 1991</b>	Passport No <b>AT383666</b>
WP No <b>0 08471002</b>	Nationality <b>INDONESIAN</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 & below

### F. POLO GUARANTEE (For Filipino Helper only):

\* ☐ \$2,000 ☐ \$7,000 (\$70.00)

### FOR OFFICE USE ONLY

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### 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 hereto subscribed my/our name(s) this \_\_\_\_\_ day of \_\_\_\_\_ year

**Palma Sharon Asuncion**  
R1105865

Signature of Witness

Full Name:

NRIC No.:

Address:



Signature of Employer

Full Name: **SHEELA KRISHNAMOORTHY**

NRIC No.: **S7488746E**

Date :

FDW Reference No. :

## LETTER OF ACKNOWLEDGEMENT

1. Please be informed that the Foreign Domestic Worker (FDW) \_\_\_\_\_, Work Permit No. \_\_\_\_\_ has a (30) days period with the Employment Agency for transfer/re-deployment. The due period will be on \_\_\_\_\_.
2. The Employer remains legally responsible for the FDW till the FRW's Work Permit is cancelled, FRD repatriated or FDW is handed to the new Employer.
3. Please note that under the Ministry of Manpower, "Conditions of Work Permit", the employer shall bear all cost of repatriating the FDW at all times and the Employer shall not deduct, or recover (directly or indirectly) the costs associated with the repatriation from the FDW.
4. Please refer to the Standard Service Agreement between the FDW Employer and the Employment Agency.

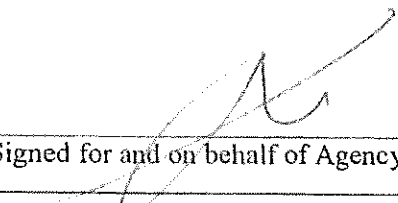


Signature of Employer



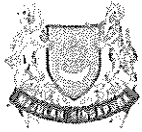
Name : \_\_\_\_\_

NRIC or Passport No. : \_\_\_\_\_



Signed for and on behalf of Agency



Huang Yuling  
R1658004

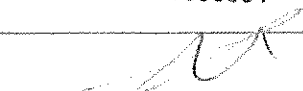


## Authorisation Form for Foreign Domestic Worker Work Pass Transactions

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Declaration by Employer			
Employer Name			
NRIC No. / FIN			
Contact No.			
Signature and Date		 	
S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1			cancellation / Transfer
2			
<input type="checkbox"/> I hereby declare that I am authorising _____ (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf.			
<p><u>Fill in only if applicable.</u></p> <input type="checkbox"/> I hereby authorise _____ (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	
<input type="checkbox"/> I have spoken to and verified with employer to confirm his / her authorisation.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> I declare that I have ensured all necessary fields are filled in prior to making the abovementioned work pass transactions.	
<input type="checkbox"/> I declare that the information provided on this form is true and correct.	
Name of EA personnel	Huang Yuling
Registration No.	R1658004
Signature and Date	

Date: \_\_\_\_\_

To:

Work Permit Department  
Ministry Of Manpower  
18 Havelock Road  
Singapore 059764

Dear Sir / Madam

**CONSENT TO TRANSFER FOREIGN DOMESTIC WORKER**

FOREIGN DOMESTIC WORKER

\_\_\_\_\_

WORK PERMIT

\_\_\_\_\_

DATE OF APPLICATION

\_\_\_\_\_

I, \_\_\_\_\_ of NRIC / Passport No \_\_\_\_\_  
(Name of Current Employer)

Agree to release my Foreign Domestic Worker named above to the prospective employer

\_\_\_\_\_  
(Name of Prospective Employer)

Pending the outcome of the application, I undertake all responsibilities for the employment of the said Foreign Domestic Worker and will extend her work permit ( if necessary ).

If the application is not approved, I will repatriate this worker.



\_\_\_\_\_  
Signature of Current Employer