



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	<input type="text"/>		
NRIC No./ FIN	<input type="text"/>		
Contact No.	<input type="text"/>		
Signature and Date	X		
S/N	Name of Foreign Domestic Worker(s)	Passport / FIN / WP No.	Authorised Transaction
1	<input type="text"/>	<input type="text"/>	Apply / Renew / Transfer / Cancel
2	<input type="text"/>	<input type="text"/>	Apply / Renew / Transfer / Cancel
<input type="checkbox"/> I hereby declare that I am authorising <input type="text"/> (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf.			
<i>Fill in only if applicable.</i>			
<input type="checkbox"/> I hereby authorise <input type="text"/> (Full name as in NRIC/Passport), <input type="text"/> (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	<input type="text"/>		
Registration No.	<input type="text"/>		
Signature and Date	<input type="text"/>		

(Please Choose)

(Please Choose)

APPLICATION FOR WORK PERMIT FOR A FOREIGN DOMESTIC WORKER (FDW)

New FDW Additional FDW Replacement FDW WP No: _____

First Time Employer - Yes / No

Register Married in Singapore - Yes / No

EMPLOYER

Name: _____ NRIC No.: _____

Marital Status: _____ DOB: _____ CPF No: _____ Sex: Male / Female

Address: _____

_____ Type of House: _____ Tel No: _____

Passport No: _____ Nationality: _____ Type of Visa: _____

Company Name: _____ Monthly Income: _____

Occupation: _____ Year of Assessment: _____ MOM Verify : Yes / No

SPOUSE

Name: _____ NRIC No.: _____

DOB: _____ Occupation: _____ Year of Assessment: _____

Passport No: _____ Nationality: _____ Type of Visa: _____

Company Name: _____ Monthly Income: _____

FOREIGN DOMESTIC WORKER (FDW)

Name: _____ Marital Status: _____

Religion: _____ Education: _____ Sex: Female

DOB: _____ Passport No.: _____ Passport DOE: _____

Nationality: _____ Salary S\$: _____ WP No.: _____

FOR TRANSFER FDW

Name of Current Employer: _____

FAMILY MEMBERS (UNDER THE SAME ROOF)

1. Name: _____ DOB: _____

IC / BC: _____ Relationship: _____

2. Name: _____ DOB: _____

IC / BC: _____ Relationship: _____

3. Name: _____ DOB: _____

IC / BC: _____ Relationship: _____

4. Name: _____ DOB: _____

IC / BC: _____ Relationship: _____

I, the above employer hereby authorised **JLK EMPLOYMENT SERVICES** to apply my domestic worker work permit on my behalf. Attached my spouse & my NRIC/ Passport copy. Pls fax to 6732 5370 or 6284 3534.

D A : _____ A/F : _____

A D : _____

X

Signature of Employer / Date

JLK Employment Services (Lic No. 02C3501 / Reg No. 52971834X)

Employer FDW Data Sheet

Offer of Employment made to: (Name of FDW)			
Employer's Family Profile			
Employer's Name		Spouse Name	
List other members of the household. For children list age & state whether son or daughter in the relationship column.			
Relationship	Age	Relationship	Age
Type of Dwelling – FDW's Place of work			
<input type="checkbox"/> Landed Bungalow	<input type="checkbox"/> Condominium	HDB ___-Room Flat (Specify no. of Room)	
<input type="checkbox"/> Landed Semi-Detached	<input type="checkbox"/> Private Apartment		
<input type="checkbox"/> Land Terrace House	<input type="checkbox"/> HDB 5-Room or larger	Other _____ State	
For Dwelling, please provide the following information			
Please state below no. of storey (for landed property or floor level),(for high-rise)	Please state below number of Bedrooms in the house / flat	Please state below number of Wash rooms in the house / flat	
Are employer & spouse residing in the above? Described dwelling		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Duties of the Domestic Worker. Tick where applicable			
<input type="checkbox"/> Cooking	<input type="checkbox"/> Laundry (machine wash)	<input type="checkbox"/> Marketing	
<input type="checkbox"/> Cleaning / Tidying	<input type="checkbox"/> Gardening	<input type="checkbox"/> Caring for Baby	
<input type="checkbox"/> Tending to Elderly Person	<input type="checkbox"/> Tending to Chronically ill	<input type="checkbox"/> Minding Children	
<input type="checkbox"/> Fetching Children to / from School or lessons	<input type="checkbox"/> Other Please state below _____	<input type="checkbox"/> Other Please state below _____	
Essential FDW's Terms of Employment			
Monthly Salary (Inclusive of full board & lodging)	S\$	Off day per month during probation	
		Off day per month after probation	
Special Requirement / Requests by Employer (special care for elderly, chronically ill relative, etc):			

X

Employer's Signature

Name & Signature of FDW

Estimate Arrival date: _____

Please fax / e-mail back us the job acceptance immediately

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 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, _____, *NRIC/WP No/FIN: _____,
 (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: <div style="text-align: center;">X</div>	Signature: <div style="text-align: center;">X</div>
Date:	Date:

*Delete where inapplicable

ERGO Domestic Maid Proposal Form

Statement Pursuant to Section 25(5) of The Insurance Act (Cap. 142): 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.

1. EMPLOYER'S PARTICULARS

The Employer		Date of Birth	Sex	Marital Status
Residential Address			Telephone No. (R) (O) (M)	
NRIC No.	SB Transmission Ref No.	Nationality	Occupation	Name of Company

2. MAID'S PARTICULARS

Name		Date of Birth
Passport No.	Nationality	Work Permit No.

3. PERIOD OF INSURANCE

From: _____ To: _____

4. PLEASE TICK THE REQUIRED COVERAGE (For details, please see overleaf):

- I) Letter of Guarantee (S\$5,000) and Insurance Coverage Plan A Plan B Plan C Plan D
- II) Reimbursement of Indemnity Paid to Insurers

DECLARATION AND UNDERTAKING

IMPORTANT NOTICE:

The Proposer is hereby notified that by virtue of signing this letter of declaration and undertaking, 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: ERGO Insurance Pte. Ltd.

I/We hereby declare that the answers and statements given above are true and complete, and that I/We have not withheld any material information.

This Proposal and any Guarantee issued pursuant to this Proposal shall be subject to the Counter-Indemnity set forth below to which terms and conditions I/We agree.

X

Signature of Witness _____
JLK Employment Services
Full Name: 317 Outram Road #B1-35,
NRIC No.: Concorde Shopping Centre.
Address: S(169075) Lic: 02C3501
Tel: 67325370 Fax: 67325370

Signature of Employer _____
Full Name: _____

TERMS AND CONDITIONS OF COUNTER-INDEMNITY FOR LETTER OF GUARANTEE NO. _____

In consideration of ERGO Insurance Pte. Ltd. ("the Insurer") agreeing at my/our request to issue a Letter of Guarantee ("the Guarantee") in favour of the Ministry of Manpower ("the Controller") guaranteeing payment on demand of any sums not exceeding in total Singapore Dollars Five Thousand (S\$5,000) in lieu of the cash deposit of Singapore Dollars Five Thousand (S\$5,000) that the Employer would otherwise have to provide as security under the Security Bond executed by the Employer in favour of the Controller, I/We hereby jointly and severally irrevocably and unconditionally agree and undertake for myself/ourselves and my/our heirs executors administrators assigns and successors that:

1. As a continuing obligation I/We shall indemnify and keep indemnified the Insurer from and against all claims, demands, payments, actions, suits, proceedings, losses, expenses including legal costs on an indemnity basis and all other liabilities of whatsoever nature or description which may be or taken against or incurred by the Insurer in relation to or arising out of the Guarantee and/or this Counter-Indemnity.
2. Where any request is made upon the Insurer by the Controller for payment of any sum of money pursuant to the Guarantee, ("such request") the Insurer shall at its absolute discretion be at liberty to contest or compromise or immediately pay upon such request and such request shall be sufficient authority to the Insurer for making any payment thereon without requiring or obtaining any evidence or proof that the amount so claimed or requested is due payable to the Controller and without any notice or reference to or further authority from me/us notwithstanding that I/We may dispute the validity at any such claim or request.
3. I/We shall not at any time question or challenge the validity legality or otherwise of any payment made by the Insurer to the Controller pursuant to such request or deny any liability under this Counter-Indemnity on the ground that such payment or any part thereof made by the Insurer was not due or payable under the Guarantee or on any other ground whatsoever.
4. I/We shall not be discharged or released from the Indemnity by any compromise, variation or arrangement made between the Controller and the Insurer in relation to the obligations undertaken by the Insurer under the Guarantee or by any forbearance whether as to payment, time, performance or otherwise given by the Controller to the Insurer.
5. My/Our liability herein is irrevocable and shall remain in full force and effect until the Insurer's liability under the Guarantee is fully discharged to the Insurer's satisfaction.
6. This indemnity shall be governed by and construed in accordance with the laws of Singapore.

I) INSURANCE COVERAGE : MAID PACKAGE

Section	Schedule of Benefits	Plan A (Singapore & West Malaysia)	Plan B (Worldwide)	Plan C (Worldwide)	Plan D (Worldwide)
1.	Letter of Guarantee	S\$5,000	S\$5,000	S\$5,000	S\$5,000
2.	Personal Accident Accidental Death	S\$40,000	S\$40,000	S\$50,000	S\$50,000
b.	Permanent Disablement	As per scale in Policy	As per scale in Policy	As per scale in Policy	As per scale in Policy
c.	Medical Expenses	S\$1,000	S\$2,000	S\$2,500	S\$3,000
3.	Hospital & Surgical Expenses In-Patient Expenses (Including Day Surgery) (Communicable disease is covered up to \$3,000)*	S\$15,000 (Per Year)	S\$15,000 (Per Year)	S\$20,000 (Per Year)	S\$30,000 (Per Year)
b.	Excess for Overseas Claim	S\$300	S\$400	S\$400	S\$400
4.	Wages & Levy Reimbursement (Maximum 60 Days)	Up to S\$30 per day	Up to S\$30 per day	Up to S\$30 per day	Up to S\$30 per day
5.	Repatriation Expenses (Extends to cover suicide under Plan B, C & D up to \$3,000)*	S\$10,000	S\$10,000	S\$10,000	S\$10,000
6.	Re-Hiring expenses due to Accidental Death & Permanent Disablement	S\$500	S\$500	S\$500	S\$500
7.	Domestic Helper's Liability	S\$5,000	S\$10,000	S\$15,000	S\$20,000
8.	Representation and Defence for the Insured	NIL	S\$5,000	S\$5,000	S\$5,000
9.	Termination Expenses	S\$300	S\$400	S\$400	S\$500
10.	Fire Insurance (First Loss) On Contents	NIL	S\$20,000	S\$25,000	S\$30,000
11.	Burglary Insurance (First Loss) On Contents	NIL	S\$5,000	S\$5,000	S\$5,000

II) REIMBURSEMENT OF INDEMNITY PAID TO INSURER: S\$5,000 (EXCESS: S\$250)

Bond & Insurance	S\$230 + 7% GST = S\$246.10	S\$250 + 7% GST = S\$267.50	S\$280 + 7% GST = S\$299.60	S\$350 + 7% GST = S\$374.50
Bond, Insurance & Reimbursement of Indemnity	S\$280 + 7% GST = S\$299.60	S\$300 + 7% GST = S\$321.00	S\$320 + 7% GST = S\$342.40	S\$390 + 7% GST = S\$417.30

Premiums stated above are subject to changes without prior notice.

PLEASE ISSUE CHEQUE MADE PAYABLE TO: INSUREASIA AGENCY PTE LTD

Policy Cancellation & Refund

In the event of termination of the domestic maid's employment contract or Work Permit with the Employer in Singapore, cover ceases automatically from the date of the Letter of Discharge from the Ministry of Manpower.

If the Policy is cancelled

- Within 3 months from the commencement of the Period of Insurance, the refund shall be 70%.
- Within 6 months from the commencement of the Period of Insurance, the refund shall be 30%.
- Within 12 months from the commencement of the Period of Insurance, the refund shall be 15%.

The above refund is subject to no claim made under the Policy.

- After 12 months from the commencement of the Period of Insurance, there shall be no refund or endorsement to be issued.

Extensions:

* **Communicable diseases i.e. Tuberculosis, SARS & H1N1 are covered under Section 3 - Hospital & Surgical Benefits.**

* **Repatriation Expenses extend to include death or permanent disablement from suicide.**

Policy Owners' Protection Scheme

The following specified types and lines of general insurance are protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC):

- All compulsory insurance policies under the Motor Vehicles (Third Party Risks and Compensation) Act and Work Injury Compensation Act
- Personal motor insurance policies
- Personal travel insurance policies
- Personal property (structure and contents) insurance policies
- Foreign domestic maid insurance policies
- Individual and group short-term accident and health insurance policies

Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).