



## 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 <i>(Please Choose)</i>
2	<input type="text"/>	<input type="text"/>	Apply / Renew / Transfer / Cancel <i>(Please Choose)</i>
<input checked="" type="checkbox"/>	I hereby declare that I am authorising <input type="text" value="JLK Employment Services (License No. 02C3501)"/> (Name and licence no. of employment agency) to perform the above work pass transaction(s) on my behalf.		
<b><i>Fill in only if applicable.</i></b>			
<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 (License No.: 02C3501)** to apply my foreign domestic worker on my behalf. Attached my spouse & my NRIC/ Passport copy. Email: jlkmaids@gmail.com

D A : \_\_\_\_\_ A/F : \_\_\_\_\_

A D : \_\_\_\_\_

X

\_\_\_\_\_  
Signature of Employer / Date

**JLK Employment Services (License No.: 02C3501)**

Employer FDW Data Sheet

Offer of Employment made to: (Name of FDW)			
<b>Employer's Family Profile</b>			
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
<b>Type of Dwelling – FDW's Place of work</b>			
<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	
<b>For Dwelling, please provide the following information</b>			
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
<b>Duties of the Domestic Worker. Tick where applicable</b>			
<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 _____	
<b>Essential FDW's Terms of Employment</b>			
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:  <b style="text-align: center;">X</b>	Signature:  <b style="text-align: center;">X</b>
Date:	Date:

\*Delete where inapplicable

**Work Pass Division**

18 Havelock Road  
 Singapore 059764  
 www.mom.gov.sg



**Employment of Foreign Manpower Act (Chapter 91A)**  
**Employment of Foreign Manpower (Work Passes) Regulations (Regulation 12)**  
**Security Bond Form for Foreign Workers (Domestic and non-Domestic)**

BY THIS BOND received this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.  
 (Date indicated must be on/ before the Banker's or Insurance Guarantee start date.)

I/We \_\_\_\_\_ of (or having our registered office at) \_\_\_\_\_  
 \_\_\_\_\_ acknowledge myself/ourselves bound to pay  
 the Government of the Republic of Singapore the sum of SGD\$ \_\_\_\_\_ ("the Obligation").

**PURPOSE**

I/We wish to apply for the issue of Work Passes:

- \*a for the persons whose particulars appear in the Schedule to this Bond (the "Schedule") ("the said persons");
- b for the number of persons indicated in the Schedule whose particulars shall be supplied from time to time on the date of their arrival in Singapore and when so supplied shall form part of the Schedule ("the said persons");
- c for the persons whose particulars may from time to time be included in the Schedule with the consent of the Controller of Work Passes prior to or on the date of their arrival in Singapore in substitution for those whose particulars appear in the Schedule ("the said persons").

\*(Delete a, b or c as necessary)

**STATUTORY AUTHORITY**

The Controller of Work Passes is agreeable to the issuing of Work Passes to the said persons on the following conditions to be observed by me/us in respect of the said persons, namely:-

- i. That during their stay in Singapore, I/we shall be responsible for the prompt payment of salary, be responsible for and bear the costs of their upkeep and maintenance, including medical treatment, and give them reasonable notice of and bear the full cost of their repatriation, ensuring that all outstanding salaries or monies due to them have been paid before their repatriation;
- ii. That I/we shall provide acceptable accommodation for them;
- iii. That, if any of them should die while in Singapore, I/we shall be responsible for the cost of burial or cremation or the return of the body to the country of nationality;
- iv. That I/we shall produce to the Controller of Work Passes any person whose Work Pass has been cancelled or whose Visit Pass/Special Pass has expired or who is required to report to the Controller at such times as I/we may be required to do so;
- v. That I/we shall employ them in accordance with the Work Pass applicable to them;
- vi. That I/we shall take reasonable steps to ensure that they comply with the Work Pass Conditions applicable to them, and such steps shall include (a) reporting to the Controller of Work Passes if I/we know they are not complying and (b) informing them of the Work Pass conditions applicable to them; and
- vii. That upon completion or termination of employment or resignation from employment of any of them, or the cancellation or revocation of their Work Passes, I/we shall inform the Controller of Work Passes in writing within seven days of such completion or termination of employment or resignation from employment and, subject to giving them reasonable notice, I/we shall immediately or within such period that may be specified by the Controller of Work Passes repatriate them.

And regulation 12 of the Employment of Foreign Manpower (Work Passes) Regulations provides that the Controller of Work Passes may require a bond to ensure compliance of the above conditions.

**SECURITY DEPOSIT**

I/We hereby deposit the sum of dollars \_\_\_\_\_ (SGD\$ \_\_\_\_\_) as security in respect of the performance of the above conditions.

NOW THE OBLIGATION shall be void and the cash deposit shall be returned to me/us if I/we at all times perform and observe the above conditions.

But should I/we breach any of the above conditions in respect of any of the said persons, then the Obligation shall be in full force and effect and the amount in respect of that person as indicated in the Schedule shall be forfeited partially or in whole by the Government of the Republic of Singapore. A partial forfeiture shall not extinguish the Government of the Republic of Singapore's right to forfeit the remainder for the same breach or a different breach.

Signed by\*\*:

X

In the presence of:

NRIC/Passport No., Name, Designation & Signature   for and on behalf of _____ Name of Company  (to be filled up if non-domestic foreign workers are employed)	Name & Address of Witness   Signature
---	--

**The Schedule\*\*\***

S/N	Name of Worker	Work Permit Number	Amount
1			

\*\* For sole proprietorships or partnerships, it has to be signed by the sole proprietor or partner. For private limited companies, it has to be signed by a director, registered with ACRA. If the director wishes to appoint his employee to sign the form, he must provide a written authorisation to MOM.

\*\*\* To provide another worker's particulars, please provide the details on a separate A4 size paper and attach it together with this Security Bond Form.

## 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		NRIC No.	Gender	Date of Birth
Residential Address			Contact No.:	Email:
SB Transmission 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.

**PERSONAL DATA**

I confirm that the information I/We have provided is my personal data and, where it is not my/our personal data, that I/We have the consent of the owner of such personal data to provide such information. By providing this information, I /We understand and give my consent for ERGO Insurance Pte Ltd (collectively "ERGO") and their respective representatives and Agents to:

- Collect, Use, store, transfer and/or disclose the information, to or with all such persons (including any member of the ERGO Group or any third party service provider, and whether within or outside of Singapore) for the purposes enabling ERGO to provide me with services required of an insurance provider, including the evaluating, processing, administering and/or managing of my relationship and policy(ies) with ERGO, and for the purposes set out in ERGO'S Personal Data Protection Policy.
- Collect, use, store, transfer and/or disclose personal data about me and those whose personal data I have provided from sources other than myself for the purposes set out in ERGO's Personal Data Protection Policy.
- Contact me to share with me information about products and services from ERGO by post, email and  Telephone  Text Message  Fax

The personal data protection clauses herein are not exhaustive. I/We have read, understood and accept the Terms of ERGO's Personal Data Protection Policy found at <https://www.ergo.com.sg/pdpa>

**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

Full Name: **JLK Employment Services**  
License No.: 02C3501  
163 Stirling Road #01-1228.  
Address: Singapore 140163

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:

- 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.
- 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.
- 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.
- 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.
- 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.
- This indemnity shall be governed by and construed in accordance with the laws of Singapore.

**POLICY OWNERS' PROTECTION SCHEME**

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). 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 ERGO or visit the GIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

<b>INSURANCE COVERAGE : MAID PACKAGE</b>					
<b>Section</b>	<b>Schedule of Benefits</b>	<b>Plan A (Singapore &amp; West Malaysia)</b>	<b>Plan B (Worldwide)</b>	<b>Plan C (Worldwide)</b>	<b>Plan D (Worldwide)</b>
1.	Letter of Guarantee	S\$5,000	S\$5,000	S\$5,000	S\$5,000
2.	a. Personal Accident Accidental Death	S\$60,000	S\$60,000	S\$70,000	S\$80,000
	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\$3,000	S\$4,000
3.	a. Hospital & Surgical Expenses In-Patient Expenses (Including Day Surgery) <b>(Communicable disease is covered up to \$3,000)*</b>	S\$15,000 (Per Year)	S\$15,000 (Per Year)	S\$30,000 (Per Year)	S\$50,000 (Per Year)
	b. Excess for Overseas Claim	S\$300	S\$400	S\$400	S\$500
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 <b>(Extends to cover suicide under Plan B, C &amp; D up to \$3,000)*</b>	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\$20,000	S\$25,000
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\$500	S\$600
10.	Fire Insurance (First Loss) On Contents	NIL	S\$20,000	S\$30,000	S\$40,000
11.	Burglary Insurance (First Loss) On Contents	NIL	S\$5,000	S\$7,500	S\$10,000
<b>REIMBURSEMENT OF INDEMNITY PAID TO INSURER: S\$5,000 (EXCESS: S\$250)</b>					
Bond & Insurance		S\$224.30 + 7% GST = <b>S\$240.00</b>	S\$264.49 + 7% GST = <b>S\$283.00</b>	S\$364.49 + 7% GST = <b>S\$390.00</b>	S\$484.11 + 7% GST = <b>S\$518.00</b>
Bond, Insurance & Reimbursement of Indemnity		S\$274.30 + 7% GST = <b>S\$293.50</b>	S\$314.49 + 7% GST = <b>S\$336.50</b>	S\$414.49 + 7% GST = <b>S\$443.50</b>	S\$534.11 + 7% GST = <b>S\$571.50</b>

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.**

For full policy details, please refer to our website: [http://insureasia.com.sg/index.php?option=com\\_policy&task=showPDF](http://insureasia.com.sg/index.php?option=com_policy&task=showPDF)