



# United Channel Services Pte Ltd

Business Registration No. 201012751K

License No.11C4954

## EMPLOYER AUTHORISATION FOR SUBMISSION ENTRY PERMIT APPROVAL

Name of the Employer: \_\_\_\_\_

Nric No. : \_\_\_\_\_

Name of FDW : \_\_\_\_\_

Passport / WP / FIN No. : \_\_\_\_\_

I, \_\_\_\_\_ of Nric No. \_\_\_\_\_  
Hereby give my consent to UNITED CHANNEL SERVICES PTE LTD to submit the entry  
permit approval application for the FDW stated above for the mandatory 14 days Stay Home  
Notice.

I understand that the work pass processes like medical check-ups, SIP and Thumb-Print can  
only be processed after she has successfully completed the SHN period.

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

# Declaration to the Controller of Work Passes, Ministry of Manpower:

## 18. Declaration for room sharing

Both the employer and FDW/nanny have signed the indemnity forms and given consent for the FDW/nanny to serve her SHN at a dedicated SHN facility in a Shared Room Accommodation.

I understand this request is subject to the availability of twin rooms at the dedicated SHN facility, which are limited, and room allocation by the SHN facility operator upon check-in.

I understand and acknowledge that if any of the information I have provided in this form is false or inaccurate, I will be liable to repay in full the value of the SHN facility charges based on the single room rate (\$1,500 including GST).

.....  
Name of Employer

.....  
Date

.....  
Sign

15. I declare that:

Please ensure you have read the additional responsibilities for the party submitting the entry approval:

- For FDW, refer to [www.mom.gov.sg/covid-19/advisory-to-fdws-and-employers#additional-responsibilities](http://www.mom.gov.sg/covid-19/advisory-to-fdws-and-employers#additional-responsibilities)
- For nanny, refer to [www.mom.gov.sg/passes-and-permits/work-permit-for-confinement-nanny/covid-19-precautionary-measures-for-confinement-nannies#additional-responsibilities-for-party-who-submits-the-entry-approval-request-employer-or-employment-agency](http://www.mom.gov.sg/passes-and-permits/work-permit-for-confinement-nanny/covid-19-precautionary-measures-for-confinement-nannies#additional-responsibilities-for-party-who-submits-the-entry-approval-request-employer-or-employment-agency)

I have obtained the employer's written consent to submit this request.

I have checked and confirm there are flights/transport for the FDW/nanny to enter Singapore on her planned arrival date.

I have informed and obtained the FDW's/nanny's confirmation that she will serve a 14-day Stay-Home Notice (SHN) at a dedicated SHN facility upon entering Singapore. (Otherwise, DO NOT submit this request.)

I will ensure the FDW/nanny goes for the COVID-19 test in Singapore during her assigned slot.

I will pay for her COVID-19 test (up to \$200 including GST) and stay at the dedicated SHN facility (\$1,500 including GST, unless she is able to share the room with another FDW/nanny for which the cost will be \$1,000 including GST). I understand that I must still pay for these costs even if the FDW/nanny does not arrive as planned. Otherwise, MOM will take action against the employment agency and the FDW/nanny.

.....  
Name of Employer

.....  
Date

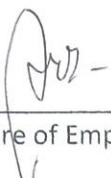
.....  
Sign 

To: Government of the Republic of Singapore and all relevant public sector bodies ("the Government")

**LETTER OF DECLARATION AND INDEMNITY**

1. I, \_\_\_\_\_ (NRIC No./FIN: \_\_\_\_\_) (employer of the Foreign Employee<sup>1</sup>) hereby acknowledge that the Government had provided the option for the Foreign Employee to serve her movement control measure<sup>2</sup> ("SHN") at a dedicated facility in a single room, and declare that I am instead electing out of my own free will for the Foreign Employee to serve her SHN at a dedicated facility in a room that is to be shared with one other person under SHN during the same period ("Shared Room Accommodation"). I acknowledge that there may be risks associated with serving the SHN in a Shared Room Accommodation. These include contracting infectious diseases like COVID-19 from the person under SHN whom the Foreign Employee is sharing the room with. The Foreign Employee's SHN may be extended if any of them tests positive for COVID-19. In this case, there may be additional costs for her stay and medical-related procedures.
2. In consideration of the Government arranging for and subsidising the costs related to the Foreign Employee's Shared Room Accommodation for the SHN ("Support"), I agree to be bound by the following conditions:
  - a) I will waive, release, absolve and forever discharge the Government, its public sector agencies involved in facilitating the Foreign Employee's Shared Room Accommodation for the SHN, and their officers, agents and representatives (collectively, the "Releasees") from all and any responsibility, actions, claims, demands, obligations and/or liability arising from any loss or damage (including without limitation and to the extent permissible by law, physical injury, infection, loss of life or property damage) sustained by the Foreign Employee or caused as a result of the Foreign Employee's Shared Room Accommodation for the SHN.
  - b) I will treat this release and indemnity as confidential and not disclose to any third party, without the Government's prior written consent, the particulars of any of the Support received from the Releasees.
  - c) I shall bear all expenses incurred in excess of all Support received from the Releasees under this release and indemnity.
  - d) I shall indemnify and keep indemnified the Releasees against any and all liabilities, losses, damages, actions, claims, demands, costs (including legal costs on a full indemnity basis and experts' and consultants' fees), settlement sums and sums paid in satisfaction of court, that is sustained, incurred, paid by or suffered by the Releasees arising out of or in connection with the Foreign Employee's Shared Room Accommodation for the SHN.
  - e) This agreement shall be governed by Singapore law. I agree to submit to the exclusive jurisdiction of the courts of Singapore.

I have read this letter and fully understand and agree to its contents.

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

\_\_\_\_\_  
Date

<sup>1</sup> Employer of the foreign employee includes such persons appointed as deputies or donees of the employer under the Mental Capacity Act (Cap. 177A).

<sup>2</sup> "Movement control measure" as defined in the COVID-19 (Temporary Measures) (Control Order) Regulations 2020.