## MAIDS CENTRAL PTE. LTD. (License No: 17C8553) Services & Fees Schedule(TRANSFER)

FORM A

Signature for and on behalf of

| Name of       | MDW:   | 0                                     |           | Date:    |    |
|---------------|--|---------------------------------------|-----------|----------|----|
|               | ty & Exp:  | 0                                     |           | Dutc.    |    |
| Passport No.: |  | 0                                     |           |          |    |
| =             | Rest Days:   | 0                                     |           |          |    |
| Sulary &      | nest bays.   | <u> </u>                              |           |          |    |
| PART B:       | Service Fee  |                                       |           |          |    |
| 1             | Agency Fee (Sourcing & Recruitment Fee)                |                                       |           |          |    |
| 2             | Biodata  |                                       |           |          |    |
| 3             | Documentation/Processing                               |                                       |           |          |    |
| 4             | Airticket/Terminal Fee/Travel Tax                      |                                       |           |          |    |
| 5             | Work Pass Application and Issuance                     |                                       |           |          |    |
| 6             | Insurance (Medical, Personal Accident & Security Bond) |                                       |           |          |    |
| 7             | Transportation/Facilitation                            |                                       |           |          |    |
| 8             | Full Medical Examination                               |                                       |           |          |    |
| 9             | Settling-In Programme (1st time MDW in SG)             |                                       |           |          |    |
| 10            | Work Pass Issuance                                     |                                       |           |          |    |
| 11            | Replacement Package of _01 MDW within _6_ months       |                                       |           |          |    |
| 12            | Home Service   |                                       |           |          |    |
| 13            | Work Pass Renewal                                      |                                       |           |          |    |
| 14            | Food/Lodging   |                                       |           |          |    |
| 15            | _  | DAYS STAY HOME NOTICE & COVID         | -19 TEST  |          |    |
|               |  | Total Ser                             | vice Fee: |          |    |
| Payment       | of Service Fe  | e as agreed in this schedule shall be |           | ollows:  |    |
| 1             | Deposit - Upon confirmation for MDW                    |                                       |           |          |    |
| 2             | =  | n deployment of MDW                   |           |          |    |
| PART C: I     | Placement Fe   | 2                                     |           |          |    |
| 1             |  | =<br>on the MDW by Agency (subject to | fee cap)  |          |    |
| 2             |  | an incurred by MDW overseas           | 1,        |          |    |
|               |  | Total Placen                          | nent Fee: |          |    |
| Payment       | of <b>Placemen</b>                                     | : Fee as agreed in this schedule sha  |           | s follow | S: |
| ,             |  | -dated cheques of S\$                 |           |          |    |
| \$0.0         |  | ment upon deployment                  |           |          |    |
| 70.0          | Others:  |                                       |           |          |    |
|               |  | _                                     |           |          |    |
|               |  |                                       |           |          |    |

Signature of Employer