

Application of compensation of cancelled vacation flights during pandemic period

Applicant		Name of Employer	
Passport No.		Date of employment	
Employment permit no.	Year Month Day	Labor advisory no.	
Present address	<input type="text"/> <input type="text"/> <input type="text"/> county township village road section lane alley no. floor (Postal code) city district village street		
Contact No.	()		
Email Address			
R E Q U I R E M E N T	<input type="checkbox"/>	Identification Document (Passport or Alien Resident Certificate)	
	<input type="checkbox"/>	Photocopy of bank account (if none, checks cannot be transferred to another, migrant worker will redeem the cheque personally at the bank)	
	<input type="checkbox"/>	Proof of flight itinerary (with the permission of employer, the applicant originally scheduled on March 17, 2020 at 4:00PM for vacation, also the ticket should issued before 4:00PM on March 17, 2020)	
	Choose 1	<input type="checkbox"/>	Migrant worker proof of refund due to delayed or cancelled flights or other original proof of payments
	<input type="checkbox"/>	Supporting documents (example: Communication/email records between the employer/broker and airline company)	
Application <input type="checkbox"/> no or <input type="checkbox"/> yes appointed by employer <input type="checkbox"/> yes appointed by private employment agency ; <input type="checkbox"/> applicant stamps and seal or authorized representative Receiving method of documents : <input type="checkbox"/> pick up in person <input type="checkbox"/> by Post(<input type="checkbox"/> Workplace address <input type="checkbox"/> private employment agency address <input type="checkbox"/> the applicant have designated address to receive the document : <input type="text"/> <input type="text"/> <input type="text"/> county township village road section lane alley no. floor (Postal code) city district village street (Please select one of the above) The applicant should provide true and correct information, any false or misleading information will take legal responsibility. <div style="text-align: right;">Applicant signature:</div>			
Name of representative private employment agency :		(stamp/seal)	
License No. :	Person in charge :	(stamp)	
Position :	(stamp)	I. D. :	Contact No. : ()
Employer of Name :			
I. D. No :			
Contact No	Signature :		