## 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 advisor	y no.		
Present address			(Postal code)	county			road section la	ane alley	no. floor
Contact No.			( )						
Email Address									
R			Identification Document (Passport or Alien Resident Certificate)						
E Q			Photocopy of bank account (if none, checks cannot be transferred to another, migrant worker will redeem the cheque personally at the bank)						
R E Q U I R E M E N			Proof of applicant	origin	ally so	ary (with the cheduled on Ma et should issu	arch 17, 202	20 at 4:0	00PM for
E N T	Choose 1		Migrant wo proof of pay		of of refu	nd due to delayed	or cancelled flig	ghts or other	r original
						ample: Communi airline compan		records b	etween
Applica agency		o or [	□yes appo	inted b	y emplo	yer □yes app	ointed by pr	ivate emp	loyment
□appl i	icant star	nps and	d seal or a	authoriz	ed repr	esentative			
Receiving method of documents:pick up in personby Post(Workplace address private employment agency addressthe applicant have designated address to receive t document:								ress  ive the	
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.									
						Applicant sign	ature:		
Name of representative private employment agency: (stamp								(stamp/se	eal)
Liseam	)No. :				P	erson in charg	ge:		
Positio	on:		(stamp	o) I.	D. :	С	Contact No. :	( )	

Employer of Name:						
I.D. No:						
Contact No	Signature:					