

DECLARATION OF ASSUMPTION OF LIABILITY

I, _____ with HK ID No. _____, of legal age, Manager/Director/Owner of **(name of Hong Kong agency)** with office address at **(latest office address of Hong Kong agency)** do hereby state that I am registered license holder of **(name of Hong Kong agency)**, with Business Registration number _____ and Hong Kong Labor Department License _____.

I further declare that, **(name of NEW LICENSED HOLDER)**, owned/managed by **(name of FRA)** agrees to assume full responsibility for the follow up of placements and will also be answerable for and resolve any complaints of deployed Overseas Filipino Workers in Hong Kong during and after the period of our registration.

IN WITNESS WHEREOF, I have hereunto sign my name and affix my signature this ____ day of _____ 20____, at _____.

(Signature over printed name/ agency chop)

Signed in the presence of:

Witness
(Signature over printed name)

Witness
(Signature over printed name)