



### FORM 3: DECLARATION OF FOREIGN EMPLOYEES' RESIDENTIAL ADDRESS(ES)

#### Instructions:

Pursuant to the "Additional Conditions of work pass for the imposition of a 7-day testing regime to be complied with by the employer", employers must complete this form and declare the intended residential address(es) of their foreign employees to the Controller of Work Passes ("Controller") if their foreign employees: (i) have obtained entry approval from MOM to enter Singapore after 19 December 2020; AND (ii) are required to serve the 14-day Stay Home Notice upon arrival in Singapore.

Employers must also inform the Controller by completing this form if there are any subsequent changes to the foreign employees' residential address(es). **Employers or foreign employees must still update the foreign employees' residential addresses in EPOL and OFWAS in addition to filling in this form.**

For feedback and enquiries, please contact us at [www.mom.gov.sg/efeedback](http://www.mom.gov.sg/efeedback).

**1. Date of Foreign Employee's Arrival in Singapore**

**2. Name of Employer (Company)**

**3. UEN of Employer (Company)**

**4. Full Name of the Employer's Authorised Representative**

**5. Mobile Number of the Employer's Authorised Representative**

**6. Type of residence your foreign employee intends to reside at (circle to indicate)**

- a. Dormitory / Vessel Listed as TLQ
- b. Private Residential Premises
- c. Others / Harbourcrafts

**[If a. Dormitory] Details of Foreign Employees' Dormitory**

[Full Address E.g. 500 SUNGEI TENGAH LODGE OLD CHOA CHU KANG ROAD #09-111, Singapore 698924]

[If the vessel is listed as an approved TLQ, please state Full Vessel Name and Full Vessel number under 'Dormitory Address' and input 000000 under 'Postal Code']

Full Name of Foreign Employee:

FIN of Foreign Employee:

Name of Dormitory:

Full Address of Dormitory:

Postal Code:

**[If b. Private Residential Premises] Details of Foreign Employees' Private Residential Premises or [If c. Others] Details of Foreign Employees' Residence (HDB/Others)**

[Full Address E.g. 66 Moonstone Lane #01-00 Singapore 328498]

[For Harbourcrafts, please state Full Vessel name and Full Vessel number under 'Full Address'. Postal code to be input as 000000]

Full Name of Foreign Employee:

FIN of Foreign Employee:

Name of Private Residential Premises (if any)

Full Address of Private Residential Premises

Postal Code :

**Declaration to Controller of Work Passes, Ministry of Manpower:**

- 7. By signing on this form, I declare that the information provided above is true and accurate at the point of submitting this form to MOM. I will inform MOM promptly of any changes in the residential address(es) of my foreign employees using this form. I will also update OFWAS and/or EPOL after the submission of this form.**

**I understand that MOM/Government of Singapore will take enforcement action against me if I do not comply with the requirements in this form or if I give false or inaccurate information. Such action may include prosecution, revocation of passes or withdrawal of work pass privileges.**

\_\_\_\_\_  
Full Name of the Employer's Authorised Representative

\_\_\_\_\_  
Signature

Date: