FORM 14A IMMIGRATION ACT 1959 [SECTION – 55(1)]

Notes:

* Check the box where appropriate

Affix a recent Passport-size photograph here

APPLICATION FOR ENTRY VISA

ALL LICATION FOR ENTRY VISA																										
PART I – PARTICULAR	S O	F AP	PLI	[CA]	NT																					
-																										
Name: (Full name as shown in	N	А	Н	I	D																					
travel document)																										
Alias:	Н	А	S	Α	N		s	Α	G	0	R															
Date of Birth:				_							Zov.	*														
0 1	1 0 0 2 0 2 2 Sex:* Male Female																									
D D																										
Marital Status:* Single Married Separated Divorced Widowed Cohabited Customary																										
Nationality/Citizenship of Spouse:* Singapore Citizen NRIC No.																										
Singapore Permanent Resident NRIC No. H E L L O																										
Others (Please Specify):																										
	Г	Ι,	l NI		Ι,	_		E			Γ.								Π							1
Country/Place of Birth:	В	A	N	G	<u> </u>	A	D		S	Н	<u> </u>] 1
State/Province of Birth:	D	Н	Α	K	Α]
Race: (e.g. Malay, Indian, Chinese, Caucasian, etc)	В	А	N	G	L	Α	D	E	s	Н	I															
Nationality/Citizenship:	S	I	N	G	А	Р	0	R	E	Α	N															
Type of Travel Document Held:* International Passport Service Passport Diplomatic Passport Certificate of Identity Others (please specify)																										
Travel Document No.:																										
Travel Document Issued Date:			[_	\top	Т				E	~ : -	Dot	.			Щ			_			Т		
Issued Date:	D	D	L	M	M		Y 1	Y	Y	Y		Exj	piry	Dai	e:	D	D	[M	M	L	Y	Y	Y	Y	
Country/Place of Issue:																										
For Chinese Nationals Only																										
PRC ID Number																										

Address in Country/Place of Origin/Residence													
Country/Place of Origin/ Residence:													
Division/State/Province of Origin/Residence:													
Prefecture of Origin/ Residence:													
County/District of Origin/ Residence:													
Address:													
PART II – OTHER DETAILS													
Email Address:													
Contact Number:													
Occupation:													
Highest Academic/ No Formal Education Primary Secondary Pre-University Professional Qualifications Attained:* Diploma University Post-Graduate													
Annual Income in Singapore dollars (SGD):													
Religion:													
Expected Date of Arrival in Singapore: D D M M Y Y Y Y													
Type of Visa:* Single Journey	Double Jour	rney 🔲 Triple	Journey	Multiple Journey	y								
Purpose of visit:*	☐ Busin	ness											
Details of purpose:													
How long do you intend to stay in Singapore:* Less than 30 days More than 30 days													
If your intended stay in Singapore is more than 30 days, please state the reason for your intended length of stay and the duration													

Address in Singapore														
Where will you be staying in Singapore?:*														
□ Next of Kin's Place □ Relative's Place □ Friend's Place □ Hotel □ Others (Please specify):														
Block/House No.:	Floor No.: Unit No.: Postal Code:													
Street Name:		ontact No:												
Building Name:														
Did you reside in other countries/places, other than your country/place of origin, for one year or more during the last 5 years ?*														
☐ Yes ■ No														
If yes, please furnish detail	ils	Period of Stay												
Country/Place	Address	From To												
Details of Travelling Com, (Only for applicant who is airline representative.) Relationship of	panion s 12 years old or less at the point of application. Details are not required if appl	licant is accompanied by an												
Travelling														
Companion To Applicant:														
N														
Name:														
Date of Birth:	Sex:*													
	D D M M Y Y Y Y	nale												
Nationality/Citizenship:														
Travel Document Number:														

PART III – PARTICULARS OF LOCAL CONTACT																								
Details of Local Contact or Company/Hotel in Singapore																								
Details of Local Contact of	Con	-ipun	<i>ty/11</i>	oiei i	n sing	upor	е —																	_
Name of Local Contact																								
/Company/Hotel:																					\Box			
	Щ													<u> </u>	<u> </u>									
Relationship of						_	1		1							_							_	_
Local Contact/Company/																								
Hotel to Applicant:																								
Applicant.																								
Contact No.:						En	nail .	Add	ress	: _														
PART IV _ ANTECEDENT OF APPLICANT*																								
PART IV – ANTECEDENT OF APPLICANT*																								
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(a) Have you ever been re			•		_				-						_	_	_	re?		Yes		No		
(b) Have you ever been co	nvic	eted i	in a	cour	t of la	w in	any	cou	ntry	/pla	ce, ii	nclu	ding	Sin	gap	ore	?			Yes		N	0	
(c) Have you ever been pr	ohib	ited	l fro	m en	tering	Sing	apo	re?												Yes	- 1	□ No)	
(d) Have you ever entered	l Sin	gapo	ore ı	using	a diff	eren	t pas	sspo	rt or	naı	me?									Yes	ſ	No	•	
		_					_																	
If any of the answer is "YE	S", _I	pleas	se fu	rnish	detai	ls bei	low																	
															_									
PART V - DECLARATIO	N B	Y A	PPL	ICA	NT																			
I declare that all inform	otior	, cub	hmitt	od in	thic c	nnlic	otio	n ic	truo	0.00	urate	on.	d co	mnle	to to	th	, hos	t of	mx 1	znou	lodo	o ond	l boli	of I
understand that, if I hav	e con	iceal	led re	elevar	t info	rmati	on o	r pr	ovide	ed fa	lse, i	nac	curat	e or										
and any facilities, rights of	r pri	ivileg	ges gi	rante	d unde	r this	app	licat	ion n	nay l	oe wi	thdi	awn	•										
I undertake not to misus	e cor	ıtroll	led d	lrugs	or to 1	ake 1	oart	in aı	1у ро	olitic	al or	oth	er ac	ctivit	ies d	luriı	ng m	y sta	y in	Sing	apor	e whi	ch w	ould
make me an undesirable																	Ü			Ü	•			
I undertake to comply	with	the	pro	vision	s of t	he Iı	nmis	grati	on A	\ct 1	1959	and	lanv	v res	zulat	ions	ma	de t	herei	ınde	r or	anv	statı	itory
modification or re-enactn	nent 1	there	eof fo	or the	time b	eing	in fo	rce i	n Sin	gap	ore.				9						-			
I undertake not to involve	e in a	nv ci	rimi	nal of	fences	in Siı	าฮลท	ore.																
		-																						
I undertake not to indulg	e in a	iny a	ctivi	ties w	hich a	re inc	onsi	stent	with	1 the	pur	pose	for v	whic	h the	imı	nigr	ation	pass	es ha	ive b	een is	sued	
I further undertake not t									nt, b	usin	ess o	r oc	cupa	tion	whil	st in	Sin	gapo	re wi	thou	t a v	alid v	vork	pass
issued under the Employ	ment	of F	oreig	gn Ma	npowe	er Act	199	0.																
I am aware that overstay	ing o	r wo	rkin	g illeg	ally in	Sing	apor	e is	a ser	ious	offer	ice a	and o	n co	nvic	tion,	the	pena	lties	may	incl	ude m	anda	itory
imprisonment and caning	5.																							
I understand that if the C	ontr	oller	of Iı	nmig	ration	is sat	isfie	d tha	t I o	r any	mei	nbe	r of n	ny fa	mily	bre	eache	es thi	s uno	lerta	king	or be	com	es an
undesirable or prohibited									ation	pas	s an	d th	e pas	sses	of th	e m	emb	ers o	f my	fam	ily, a	and w	e ma	y be
required to leave Singapo	re wi	ithin	24 h	ours	ot sucl	can	cella	tion.																
I understand that this ap				nd po	ssessi	on of	a vis	sa do	es no	ot gu	aran	tee (entry	into	Sin	gap	ore a	nd p	ermi	ssion	to e	ntry i	s ent	irely
discretionary at the point	of en	itry.																						
I give my consent for ye							ver	ify i	nfori	nati	on fr	om	or w	vith	any	sou	rce a	s yo	u de	em a	ppr	opriat	e for	r the
assessment of my applica	tion f	or in	nmig	gratio	n facili	ties.																		
										_									_					
Date		_									Signa	atur	e of A	- Appl	icant	t								