## **Notes:**

## FORM 14A IMMIGRATION ACT [CHAPTER 133, SECTION – 55(1)]

Affix a recent Passport-size photograph here

\* Tick ( $\sqrt{\ }$ ) where appropriate

## APPLICATION FOR ENTRY VISA

| APPLICATION FOR ENTRY VISA                           |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
|--|-------------|--------|------|--------|----------|---------|---------------|--------|---------------|--------------|---------------|---------------|---------------|--------|---------------|---------------|--------|--------|---------------|------|------|---------------|---------------|--------|
| PART I – PARTICULARS OF APPLICANT                    |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
|  |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
| Name:  |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
| (Full name as shown in                               |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
| travel document)                                     |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
|  |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
| Alias:   |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               | $\neg$ |
|  | Ш           |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               | ╛      |
|  |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
|  | Ш           |        |      |        | Ш        |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
| Date of Birth:                                       |             |        |      |        |          | Т       | _             | 7      |               | Sex          | *             |               |               |        |               |               |        |        |               |      |      |               |               |        |
|  | Male Female |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
| D  | D           | N      | 1 M  | Y      | <i>Y</i> | Y       | Y             |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
|  |             |        |      |        |          |         |               |        |               |              | _             |               |               |        |               | _             |        |        |               | _    |      |               |               |        |
| Marital Status:* Si                                  | ngle        |        | Marı | ied [  | Se       | epar    | ated          | I 🗌    | Div           | vorc         | ed [          | \             | Vido          | wec    | ı 🗌           | ] C           | ohal   | oited  | l 🗌           | Cı   | usto | mar           | y             |        |
|  |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
| TAT 40 TO 40 M                                       |             |        | l a• |        | a        |         |               |        |               |              | IDI           | <b>a</b> N    | [             |        |               |               |        |        |               |      |      |               |               |        |
| Nationality of Spouse:*                              |             |        | Sing | apore  | Citi     | zen     |               |        |               | 1            | NRI           | CN            | 0.            |        |               |               |        |        |               |      |      |               |               |        |
|  |             |        | Sing | apore  | Per      | man     | ent           | Res    | iden          | t I          | NRI           | C N           | 0.            |        |               |               |        |        |               |      |      |               |               |        |
| Singapore Permanent Resident NRIC No.                |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
| Others (Please Specify):                             |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
|  |             |        |      |        |          |         |               | _      |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               | -      |
|  |             |        |      | $\top$ |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
| Country of Birth:                                    |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
| State/Province of Birth:                             |             |        |      | $\top$ |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      | П    |               |               |        |
| State/110vince of Birtin.                            |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
| Race: (e.g. Malay, Indian,                           |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               | $\neg$ |
| Chinese, Caucasian, etc)                             |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
|  |             |        |      | $\top$ | П        |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               | $\neg$ |
| Nationality:   |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
|  |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
|  |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
| Type of Travel Documer                               | nt Ho       | 14.*   |      |        | nter     | nati    | onol          | Doc    | cnor          | -t [         | $\neg$        | inlo          | mat           | ic Pa  | acen          | ort           |        | Off    | ioio.         | l Do | sspo | ret.          |               |        |
| Type of Travel Documen                               | пі пе       | iu.    |      |        | ervi     |         |               |        | spor          |              |               |               |               | t of ] |               |               | H      |        |               |      | of I |               | ity           |        |
|  |             |        |      |        | )ther    |         |               |        | ecify         | <i>,</i> ) ∟ |               | ocui          | псп           | UI     | luci          | illy          |        | CC     | LUIII         | carc | OI I | uciii         | ity           |        |
|  |             |        |      | □ `    | , tiiti  | 5 (P    | icas          | c sp   | ccity         | ′—           |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
|  |             | _      |      |        | _        | _       | _             | _      | _             | _            | _             | _             | _             | _      | ٦             |               |        |        |               |      |      |               |               |        |
| Travel Document No.:                                 |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
|  |             |        |      |        |          |         |               |        |               | !            | !             |               |               | -      | _             |               |        |        |               |      |      |               |               |        |
| <b>Travel Document</b>                               |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               | Т             |        |        | Т             | ٦    |      |               |               | $\neg$ |
| Issued Date:   |             |        |      |        |          |         |               |        |               |              | E             | xpir          | y Da          | ite:   |               |               |        |        |               |      |      |               |               |        |
| $egin{array}{ c c c c c c c c c c c c c c c c c c c$ |             |        |      |        |          |         |               | Y      |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
| Country of Issues                                    |             | _      |      |        |          | _       |               | $\top$ | _             | 1            | T             | _             | _             | _      | _             | _             | $\top$ | _      | $\top$        | _    |      | _             | $\overline{}$ |        |
| <b>Country of Issue:</b>                             |             |        |      |        | $\bot$   | $\perp$ |               |        |               |              | $\perp$       |               |               |        | $\perp$       |               |        | ╧      |               |      |      |               |               |        |
| DI CI  | $\equiv$    |        |      |        |          | T       | $\overline{}$ | _      | $\overline{}$ | T            | $\overline{}$ | $\overline{}$ | $\overline{}$ | T      | $\overline{}$ | $\overline{}$ | _      | Ŧ      | $\overline{}$ | Ŧ    |      | $\overline{}$ |               | _      |
| Place of Issue:                                      |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
|  | _           | -      |      |        |          |         | -             | -      |               |              | -             |               | -             | -      |               | -             | -      |        | -             |      |      | -             |               |        |
| For Chinese Nationals Only                           |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
| PRC ID Number  |             | $\top$ |      |        | $\neg$   | $\top$  | $\top$        | $\top$ | $\neg$        | $\top$       | $\top$        | $\top$        | $\top$        | $\top$ | Т             | Т             | $\top$ | $\neg$ |               |      |      |               |               |        |
|  |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |
|  |             |        |      |        |          |         |               |        |               |              |               |               |               |        |               |               |        |        |               |      |      |               |               |        |

| Address in Country of Origin/Residence   |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Country of Origin/ Residence:  |  |  |  |  |  |  |  |  |
| Division/State/Province of Origin/Residence:   |  |  |  |  |  |  |  |  |
| Prefecture of Origin/ Residence:   |  |  |  |  |  |  |  |  |
| County/District of Origin/ Residence:  |  |  |  |  |  |  |  |  |
| Address:   |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| PART II -OTHER DETAILS   |  |  |  |  |  |  |  |  |
| Occupation:  |  |  |  |  |  |  |  |  |
| Highest Academic/ No Formal Education Primary Secondary Pre-University Professional Qualifications Attained:* Diploma University Post-Graduate |  |  |  |  |  |  |  |  |
| Religion/Denomination:   |  |  |  |  |  |  |  |  |
| Expected Date of Arrival in Singapore:  D D M M Y Y Y Y  |  |  |  |  |  |  |  |  |
| Type of Visa:* Single Journey Double Journey Triple Journey Multiple Journey  Purpose of visit:* Social Business                               |  |  |  |  |  |  |  |  |
| 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 Others (Please specify):   |  |  |  |  |  |  |  |  |
| Block/House No.: Floor No.: Unit No.: Postal Code:   |  |  |  |  |  |  |  |  |
| Street Name: Contact No:   |  |  |  |  |  |  |  |  |
| Building Name:   |  |  |  |  |  |  |  |  |

| Did you reside in other countries, other than your country of origin, for one year or more during the last 5 years ?* |         |         |      |      |      |     |           |        |     |      |     |   |   |     |   |      |    |  |      |   |   |
|---|---------|---------|------|------|------|-----|-----------|--------|-----|------|-----|---|---|-----|---|------|----|--|------|---|---|
| □Yes □No  |         |         |      |      |      |     |           |        |     |      |     |   |   |     |   |      |    |  |      |   |   |
| If yes, please furnish details  |         |         |      |      |      |     |           |        |     |      |     | y |   |     |   |      |    |  |      |   |   |
| Country   | Address |         |      |      |      |     |           |        |     |      |     |   | I | ron | n |      | То |  |      |   |   |
|   |         |         |      |      |      |     |           |        |     |      |     |   |   |     |   |      |    |  |      |   |   |
|   |         |         |      |      |      |     |           |        |     |      |     |   |   |     |   |      |    |  |      |   |   |
|   |         |         |      |      |      |     |           |        |     |      |     |   |   |     |   |      |    |  |      |   |   |
|   |         |         |      |      |      |     |           |        |     |      |     |   |   |     |   |      |    |  |      |   |   |
|   |         |         |      |      |      |     |           |        |     |      |     |   |   |     |   |      |    |  |      |   |   |
|   |         |         |      |      |      |     |           |        |     |      |     |   |   |     |   |      |    |  |      |   |   |
|   |         |         |      |      |      |     |           |        |     |      |     |   |   |     |   |      |    |  |      |   |   |
| PART III – PARTICULA  |         |         |      |      |      |     |           |        |     |      |     |   |   |     |   |      |    |  |      |   |   |
| Details of Local Contact or   | r Co    | mpa<br> | ny/H | otei | in S | ing | apor<br>_ | e      |     |      |     |   |   |     |   |      |    |  | <br> | _ | 7 |
| Name of Local Contact   |         |         |      |      |      |     |           |        |     |      |     |   |   |     |   |      |    |  |      |   | _ |
| /Company/Hotel:   |         |         |      |      |      |     |           |        |     |      |     |   |   |     |   |      |    |  |      |   |   |
| Relationship of   |         |         |      |      |      |     |           |        |     |      |     |   |   |     |   |      |    |  |      |   | - |
| Local Contact/Company/  |         |         |      |      |      |     |           |        |     |      |     |   |   |     |   |      |    |  |      |   |   |
| Hotel to Applicant:   |         |         |      |      |      |     |           |        |     |      |     | _ | - | ļ   |   | <br> |    |  |      |   | J |
|   |         |         |      |      |      |     |           | ••     |     |      |     |   |   |     |   |      |    |  |      |   |   |
| Contact No.:  |         |         |      |      |      |     | En        | iail i | Add | ress | : - |   |   |     |   |      |    |  | _    |   |   |
|   |         |         |      |      |      |     |           |        |     |      |     |   |   |     |   |      |    |  |      |   |   |

| PART IV – ANTECEDENT OF APPLICANT*   |                     |                          |  |  |  |  |  |  |  |  |  |  |  |
|--|---------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|
|  |                     |                          |  |  |  |  |  |  |  |  |  |  |  |
| (a) Have you ever been refused entry into or deported from any country, including Singapore?   | ☐ Yes               | □ No                     |  |  |  |  |  |  |  |  |  |  |  |
| (b) Have you ever been convicted in a court of law in any country, including Singapore?  | ☐ Yes               | □ No                     |  |  |  |  |  |  |  |  |  |  |  |
| (c) Have you ever been prohibited from entering Singapore?   | ☐ Yes               | □ No                     |  |  |  |  |  |  |  |  |  |  |  |
| (d) Have you ever entered Singapore using a different passport or name?  | ☐ Yes               | □ No                     |  |  |  |  |  |  |  |  |  |  |  |
| If any of the answer is "YES", please furnish details below  |                     |                          |  |  |  |  |  |  |  |  |  |  |  |
|  |                     |                          |  |  |  |  |  |  |  |  |  |  |  |
|  |                     |                          |  |  |  |  |  |  |  |  |  |  |  |
|  |                     |                          |  |  |  |  |  |  |  |  |  |  |  |
|  |                     |                          |  |  |  |  |  |  |  |  |  |  |  |
| PART V - DECLARATION BY APPLICANT  |                     |                          |  |  |  |  |  |  |  |  |  |  |  |
| I hereby declare that all the particulars furnished by me in this application are true and correct.  |                     |                          |  |  |  |  |  |  |  |  |  |  |  |
| I undertake not to misuse controlled drugs or to take part in any political or other activities during my stay in Singapore which would make me an undesirable or prohibited immigrant under the Immigration Act.  |                     |                          |  |  |  |  |  |  |  |  |  |  |  |
| I undertake to comply with the provisions of the Immigration Act and any regulations made thereunder or any statutory modification or re-enactment thereof for the time being in force in Singapore.   |                     |                          |  |  |  |  |  |  |  |  |  |  |  |
| I undertake not to involve in any criminal offences in Singapore.  |                     |                          |  |  |  |  |  |  |  |  |  |  |  |
| I undertake not to indulge in any activities which are inconsistent with the purpose for which the immigration passes  | have been issued    | 1                        |  |  |  |  |  |  |  |  |  |  |  |
| I further undertake not to be engaged in any form of employment, business or occupation whilst in Singapore without a valid work pass issued under the Employment of Foreign Manpower Act (Cap. 91A).  |                     |                          |  |  |  |  |  |  |  |  |  |  |  |
| I am aware that overstaying or working illegally in Singapore is a serious offence and on conviction, the penalties and caning.  | may include ma      | ndatory imprisonment     |  |  |  |  |  |  |  |  |  |  |  |
| I understand that if the Controller of Immigration is satisfied that I or any member of my family breaches this und prohibited immigrant, he will cancel my immigration pass and the passes of the members of my family, and we may 24 hours of such cancellation. |                     |                          |  |  |  |  |  |  |  |  |  |  |  |
| I understand that this application for and possession of a visa does not guarantee entry into Singapore and permiss the point of entry.  | sion to entry is en | ntirely discretionary at |  |  |  |  |  |  |  |  |  |  |  |
| I give my consent for your department to obtain and verify information from or with any source as you deem application for immigration facilities.   | appropriate for     | the assessment of my     |  |  |  |  |  |  |  |  |  |  |  |
|  |                     |                          |  |  |  |  |  |  |  |  |  |  |  |
|  |                     |                          |  |  |  |  |  |  |  |  |  |  |  |
| Date Signature of Applie   | cant                |                          |  |  |  |  |  |  |  |  |  |  |  |