



T C KHOO & CO PTE LTD  
35 SENOKO WAY  
SINGAPORE 758051

09 Mar 2015

Dear Sir / Madam

We are pleased to inform you that the Work Permit application for PHANG MIN LI has been approved in-principle. Your worker may start work after the Work Permit has been issued.

This letter contains the employment details for you to confirm and the next steps you need to complete so that a Work Permit card may be issued to your worker. If you do not complete these steps by 23 Mar 2015, this approval will be revoked.

Yours faithfully

Penny Han (Mrs)  
Controller of Work Passes



Check the details. If you have any corrections, please send in your amendments with the supporting documents to [www.mom.gov.sg/isubmit](http://www.mom.gov.sg/isubmit). We will inform you whether a new application is required.

Industry	<b>MANUFACTURING</b>	CPF Submission Number	<b>197500399G - PTE - 01</b>
Worker's name	<b>PHANG MIN LI</b>	Basic monthly salary	<b>S\$ 850</b>
Date of Birth	<b>09 NOV 1996</b>	Fixed monthly allowances	<b>S\$ 0</b>
Nationality	<b>MALAYSIAN</b>	Fixed monthly salary	<b>S\$ 850</b>
Passport number	<b>A34102763</b>	Monthly housing deduction	<b>S\$ 0</b>
Work Permit number	<b>4 05069245</b>	Monthly food deduction	<b>S\$ 0</b>
Date of Application	<b>05 MAR 2015</b>	Monthly salary after taking into account fixed monthly allowances and deductions	<b>S\$ 850</b>
Occupation	<b>MANUFACTURING OPERATOR</b>	Housing provided	<b>NO</b>
		Monthly Levy Rate	<b>S\$ 250-\$650</b>



**Send the Worker's Copy of the In-Principle Approval letter to your worker. Otherwise, you may be liable for a penalty of up to S\$10,000 and/or any other administrative action.**



**Comply with the Employment of Foreign Manpower Act, and the Conditions and Regulatory Conditions of Work Permit, available at [www.mom.gov.sg](http://www.mom.gov.sg). Otherwise, the Work Permit may be revoked and you may face criminal or administrative penalties (including debarment).**



**The actual monthly levy rate varies from month to month, depending on the employer's workforce profile.**



Please complete the following tasks so that your worker may receive their Work Permit card:



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### **Before you request for the Work Permit card to be issued**

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- Send the Worker's Copy of the In-Principle Approval letter to your worker.
- Provide your worker with a copy of the employment contract. This contract should state the occupation, job scope, daily working hours, number of working days, basic monthly salary, and terms such as deductions, rate of overtime pay, and leave entitlements.
- Buy medical insurance (inpatient care and day surgery) of at least S\$15,000 per year for your worker.
- Buy Work Injury Compensation Insurance for your worker.
- Ensure that your worker completes a medical examination by a registered medical practitioner in Singapore.



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### **Request for the Work Permit card to be issued**

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- Login to the WPOL by 23 Mar 2015 to request for the Work Permit to be issued. Otherwise, this approval will be revoked. If you need help, please refer to the 'Step by Step Guide to Issue A Foreign Worker's Work Permit' via WPOL, or visit [www.mom.gov.sg](http://www.mom.gov.sg) (click on Foreign Manpower > Passes & Visas > Work Permit (Foreign Worker) > After you apply).



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### **Upon approval of request**

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- When your request has been approved, please print the Notification Letter.
- Have your worker report to the MOM Services Centre, Hall C with the documents listed in the Notification Letter.
- The current skilled levy rate is based upon your declaration of your worker's education/skills in the application. If your worker fails to submit the appropriate documents when registering for a Work Permit card, you will be charged a higher unskilled levy rate.



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### **Work Permit card delivery**

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- Your card will be delivered to you. You will receive an SMS/email alert prior to the delivery date.



PHANG MIN LI  
c/o T C KHOO & CO PTE LTD  
35 SENOKO WAY  
SINGAPORE 758051

09 Mar 2015

Dear PHANG MIN LI

We are pleased to inform you that your application for a Work Permit has been approved in-principle. This letter serves as confirmation and explains what to do next. You should keep this letter as it contains important information on your employment in Singapore.

This letter may be used:




- To start work as a MANUFACTURING OPERATOR for T C KHOO & CO PTE LTD after your Work Permit has been issued.

**Your employer must request for the Work Permit card to be issued by 23 Mar 2015 or this approval will expire.**

Yours sincerely

Penny Han (Mrs)  
Controller of Work Passes

**What happens next?** Please follow these simple steps to get your Work Permit card. You will find the complete set of instructions on pages 2 and 3.

 <b>Check your details</b>	 <b>Protect yourself</b>	 <b>Receive your Work Permit card</b>
<p>Check and confirm your employment details in this letter.</p> <p>Ensure that this In-Principle approval has not been cancelled nor expired.</p>	<p>Protect yourself by knowing your rights and responsibilities whilst working in Singapore</p>	<p>You and your employer must complete the steps overleaf by 23 Mar 2015, so we can deliver your Work Permit card to you. Otherwise this approval will be revoked and you may be sent home.</p>

**Important: Ensure that this approval has not been cancelled nor expired.**

Check via [www.mom.gov.sg](http://www.mom.gov.sg) (click Services & Forms > Passes > Work Permit for Foreign Workers > Work Permit Validity Check via Work Permit Online) or call us at +65 64385122. You will need to enter your Work Permit number and Date of Application displayed below.

**Check your details**

If you find a problem with the details of your employment, please contact your employer or employment agent immediately.

Your name	PHANG MIN LI
Date of Birth	09 NOV 1996
Nationality	MALAYSIAN
Passport number	A34102763
Work Permit Number	4 05069245
Date of Application	05 MAR 2015
Employer name	T C KHOO & CO PTE LTD
Employer CPF Submission Number	197500399G - PTE - 01
Industry	MANUFACTURING
Occupation	MANUFACTURING OPERATOR
Basic monthly salary	S\$ 850
Fixed monthly allowances	S\$ 0
Fixed monthly salary	S\$ 850
Monthly housing deduction	S\$ 0
Monthly food deduction	S\$ 0
Monthly salary after taking into account fixed monthly allowances and deductions	S\$ 850
Housing provided	NO

**Additional allowances may be provided by the employer and these allowances should be stated in your employment contract.**

**If you or your employer has declared any educational qualifications or skills in your application, you must present your original certificates when you report at the MOM Services Centre, Hall C.**



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### Protect yourself – Know your rights and responsibilities

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- A** You are only permitted to work in Singapore as a / an MANUFACTURING OPERATOR for T C KHOO & CO PTE LTD.
- B** You or your employer has the right to terminate your job at any time with sufficient notice.
- C** Your employer or employment agent should provide a copy of your employment contract to you. The contract should state your occupation, job scope, daily working hours, number of working days, basic monthly salary, and terms such as deductions, rate of overtime pay, and leave entitlements.
- D** It is against the law for your employer to make you pay:
  - Fees for application, renewal or the cancellation of your Work Permit
  - Foreign Worker Levy
  - Fees for medical insurance, medical examinations or training courses
  - Cost of your journey home
- E** If you use an agent in your home country, be careful about fees and promises. The Singapore Government is unable to help you with disputes with your agent in your home country.
- F** You must comply with the provisions of the Employment of Foreign Manpower Act and Conditions of Work Permit. Failure to do so may result in the revocation of your Work Permit and you may be prosecuted and/or sent home. You may view the information at [www.mom.gov.sg](http://www.mom.gov.sg) (click on Foreign Manpower > Passes & Visas > Work Permit (Foreign Worker) > Before you apply).



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### Receive your Work Permit card

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Your employer must complete the following tasks by 23 Mar 2015. Otherwise, this approval will be revoked and you risk being sent home.

- Arrange a medical examination for you. You must pass the examination to work in Singapore.
- Apply for your Work Permit card to be issued and delivered.

# APPLICATION FOR A WORK PERMIT

USER ID :1630482  
 WPNO :4 05069245  
 COMPANY CPF SUBMISSION NO. :197500399G - PTE - 01

USER NAME :T C KHOO & CO PTE LTD  
 DOA :05/03/2015  
 DATE / TIME :12 March 2015 11:34 AM

## PART I PERSONAL PARTICULARS OF FOREIGN EMPLOYEE



NAME :PHANG MIN LI  
 DATE OF BIRTH :09/11/1996  
 NATIONALITY :MALAYSIAN  
 STATE / PROVINCE :JOHORE  
where the foreigner obtained his / her nationality  
 MARITAL STATUS :SINGLE  
 RACE :CHINESE  
 MALAYSIAN OLD IC NO. :  
 PRC IC NO. :  
 TRAVEL DOCUMENT NO. :A34102763  
 TRAVEL DOCUMENT EXPIRY DATE :11/12/2019  
 EDUC :SEC4 4 'O'  
 YEARS OF WORKING EXP :  
 EXPIRY DATE OF LTVP :  
 CATEGORY OF WORKER'S LTVP / DP :

PLACE OF BIRTH :MALAYSIA  
 STATE / PROVINCE OF BIRTH :JOHORE  
 SEX :FEMALE  
 RELIGION :BUDDHIST  
 COLOR OF IC :MALAYSIAN BLUE  
 MALAYSIAN NEW IC NO. :961109016886  
 FIN :G2588558P  
 TRAVEL DOCUMENT TYPE :PASSPORT

ENDORSEMENT TYPE :SOCIAL VISIT PASS  
 NAME OF INSTITUTION :

## PARTICULARS OF EMPLOYMENT

EMPLOYMENT STATUS :EMPLOYEE NAME OF EMPLOYER :T C KHOO & CO PTE LTD

OCCUPATION CODE :93200A  
 OCCUPATION DESCRIPTION :MANUFACTURING OPERATOR

HOUSING PROVIDED :NO

BASIC MONTHLY SALARY :S\$850

FIXED MONTHLY ALLOWANCES :NO

FIXED MONTHLY DEDUCTIONS :NO  
 HOUSING DEDUCTION :S\$0  
 FOOD DEDUCTION :S\$0

FIXED MONTHLY ALLOWANCES :S\$0  
 FIXED MONTHLY SALARY :S\$850

MONTHLY SALARY AFTER TAKING INTO ACCOUNT FIXED MONTHLY ALLOWANCES AND DEDUCTIONS :S\$850

VETTING AUTHORITY :  
 TRAINING DURATION :  
 SUPPORT AUTHORITY :

SUPPORT FROM VA? :

## PARTICULARS OF FOREIGN EMPLOYEE'S SPOUSE

WORKER MARRIED TO SC / SPR :

NAME :  
 DATE OF MARRIAGE :  
 DATE OF BIRTH :  
 RESIDENTIAL STATUS :  
 IC NO. (SC / SPR) :  
 MALAYSIAN OLD IC NO. :  
 PASSPORT NO. :

PLACE OF MARRIAGE :  
 NATIONALITY :  
 COLOR OF IC :  
 DATE OF SPR ISSUANCE :  
 MALAYSIAN NEW IC NO. :

## PART I (A) DECLARATION BY FOREIGN EMPLOYEE

I declare that -

(a) I have read and understood the applicable conditions of work permit, as specified in the Employment of Foreign Manpower (Work Passes) Regulations c.91A, available at [www.mom.gov.sg](http://www.mom.gov.sg).

(b) I **have / have never\*** been convicted in any country or state of an criminal offence (if applicable, please provide details)

**\*Delete accordingly**

(c) The information as set out in **PART I** is true and correct; and that all documents I have submitted in support of this application for a Work Permit are true copies of the authentic documents.

(d) For the purpose of setting up a bank account as part of this work permit application, I consent to the Ministry of Manpower disclosing my personal particulars and work permit information to the bank.

Signature of Foreign Employee

Date:       (DD-MM-YYYY)

Name of Authorised Representative:  NRIC:  Designation:  Signature:	Organisation Stamp:
Date: <span style="border: 1px solid black; display: inline-block; width: 30px; height: 30px; margin: 0 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 30px; height: 30px; margin: 0 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 30px; margin: 0 5px;"></span> (DD-MM-YYYY)	

NAME OF SINGAPORE EMPLOYMENT AGENCY : \_\_\_\_\_ LICENCE NO. : \_\_\_\_\_

OPERATING ADDRESS : \_\_\_\_\_ TELEPHONE : \_\_\_\_\_

## AGENCY FEE : S\$

- (a) I, the undersigned, am the Employment Agency personnel handling this application.
- (b) I have explained the contents of the application and the applicable conditions and regulatory conditions of work permit, as specified in the Employment of Foreign Manpower (Work Passes) Regulations c.91A to the foreign employee and the authorised officer of the employer.
- (c) The information as set out in this application and any appeals I have made in relation to this application is, to the best of my knowledge, true and correct; and that all documents I have submitted in support of this application and any appeals I have made in relation to this application, are true copies of the authentic documents.

Name of Employment Agency Personnel:  Employment Agency Personnel Number:  Signature:	Employment Agency Stamp:
<div style="text-align: right;">           Date:            <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 30px; margin: 0 5px;"></div>           (DD-MM-YYYY)         </div>	

## CONSENT TO TRANSFER FOREIGN EMPLOYEE

because \_\_\_\_\_.

Name of Declarant:  NRIC:  Designation:  Signature:	Organisation Stamp:
<div style="text-align: right;">           Date:            <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 30px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 30px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 30px; margin: 0 5px;"></div>           (DD-MM-YYYY)         </div>	



## Casino Self-Exclusion Application Form For Foreigners

USE BLOCK LETTERS

Personal Particulars	
Name (as in Passport)	Passport No
PHANG MIN LI	A34102763
Date of Birth (dd/mm/yyyy)	FIN No (if available)
09/11/1996	G2588558P
Nationality	Gender
MALAYSIAN	FEMALE
Contact Information (of Employer in Singapore – If available)	
Address	
35 SENOKO WAY SINGAPORE 758051	
Contact No	Email (if available)
67582119	N.A.

**Declaration for Applicant (Please Tick All Boxes)**

- ☐ I fully understand the content and purpose of this Casino Self-Exclusion application, and that the effect of this application is that I will be excluded from entering the casinos in Singapore. I further understand that this exclusion shall take effect immediately upon my submission of this application to the National Council on Problem Gambling. I am also fully aware that if I choose to enter or remain on the Casino premises after submitting the application and take part in any gaming activities, any winnings paid or payable to me shall be forfeited, and I will not be able to lay any claim to the said winnings.
- ☐ I declare that this application is made voluntarily, without any force or coercion or under any duress.
- ☐ I understand that my application for Self-Exclusion will stay in force indefinitely, unless I apply to revoke from NCPG after a period of at least 1 year. I also understand that NCPG will provide my name and particulars to the relevant agencies and organizations under Section 168(3) of the Casino Control Act to inform them of my Self-Exclusion.
- ☐ I declare that the information provided by me in this application is true and correct and I furnish the information knowing that I may be liable to criminal prosecution if I have stated any information that I know to be false or do not believe to be true.

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Signature

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Date

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**PLEASE COMPLETE AND SEND THIS FORM BY HAND OR BY REGISTERED MAIL TO:**

**THE NATIONAL COUNCIL ON PROBLEM GAMBLING  
510 THOMSON ROAD  
#05-01  
SLF BUILDING  
SINGAPORE 298135**

For Administrative Use only		
	Date / Time	Signature
Received by:		
Processed by:		