

IPA No : 405069202050315 FIN: G2588373Q

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 AI has been approved inprinciple. 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.

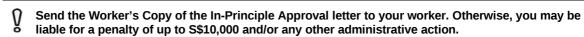
Yours faithfully

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. We will inform you whether a new application is required.

Industry	MANUFACTURING	CPF Submission Number	197500399G - PTE - 01
Worker's name	PHANG MIN AI	Basic monthly salary	S\$ 850
Date of Birth	09 NOV 1996	Fixed monthly allowances	S\$ 0
Nationality	MALAYSIAN	Fixed monthly salary	S\$ 850
Passport number	A34102759	Monthly housing deduction	S\$ 0
Work Permit number	4 05069202	Monthly food deduction	S\$ 0
Date of Application	05 MAR 2015	Monthly salary after taking	S\$ 850
Occupation MANUFACTURING OPERATOR		into account fixed monthly allowances and deductions	
		Housing provided	NO
		Monthly Levy Rate	S\$ 250-\$650



Comply with the Employment of Foreign Manpower Act, and the Conditions and Regulatory Conditions of Work Permit, available at 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.



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



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

- 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.



## Request for the Work Permit card to be issued

• 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 (click on Foreign Manpower > Passes & Visas > Work Permit (Foreign Worker) > After you apply).



### Upon approval of request

- 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.



## Work Permit card delivery

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



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

09 Mar 2015

#### Dear PHANG MIN AI

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.

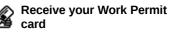
Yours sincerely

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.

Check your details	Protect yourself
Check and confirm your employment details in this letter.	Protect yourself by knowing your rights and responsibilities whilst working in Singapore
Ensure that this In-Principle approval has not been cancelled nor expired.	noning in engapere



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.





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

Check via 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.

## බු

## 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 AI
Date of Birth	09 NOV 1996
Nationality	MALAYSIAN
Passport number	A34102759
Work Permit Number	4 05069202
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.

## In-Principle Approval for Work Permit Worker's Copy - English



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## $\mathbb{X}$

## Protect yourself - Know your rights and responsibilities

- 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 (click on Foreign Manpower > Passes & Visas > Work Permit (Foreign Worker) > Before you apply).



#### **Receive your Work Permit card**

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.

ALL EIGHTION LOTTA WORK LERUM					
USER ID WPNO COMPANY CPF SUBMISSION NO.	:1630482 :4 05069202 :197500399G - PTE - 01	USER NAME DOA DATE / TIME	:T C KHOO & CO PTE LTD :05/03/2015 :12 March 2015 11:33 AM		
PART I PERSONAL PARTICULAR	RS OF FOREIGN EMPLOYEE				
NAME DATE OF BIRTH NATIONALITY STATE / PROVINCE where the foreigner obtained his / her nationality MARITAL STATUS RACE MALAYSIAN OLD IC NO. PRC IC NO. TRAVEL DOCUMENT NO. TRAVEL DOCUMENT EXPIRY DATE	:PHANG MIN AI :09/11/1996 :MALAYSIAN :JOHORE :SINGLE :CHINESE :: :A34102759 :11/12/2019	PLACE OF BIRTH STATE / PROVINCE OF BIRTH SEX RELIGION COLOR OF IC MALAYSIAN NEW IC NO. FIN TRAVEL DOCUMENT TYPE	:MALAYSIA :JOHORE :FEMALE :BUDDHIST :MALAYSIAN BLUE :961109016878 :G2588373Q :PASSPORT		
EDUC YEARS OF WORKING EXP EXPIRY DATE OF LTVP CATEGORY OF WORKER'S LTVP / DP	:SEC4 4 'O' : :	ENDORSEMENT TYPE NAME OF INSTITUTION	:SOCIAL VISIT PASS		
PARTICULARS OF EMPLOYMENT EMPLOYMENT STATUS	r :EMPLOYEE	NAME OF EMPLOYER	:T C KHOO & CO PTE LTD		
OCCUPATION CODE OCCUPATION DESCRIPTION	:93200A :MANUFACTURING OPERATOR				
HOUSING PROVIDED	:NO				
BASIC MONTHLY SALARY	:S\$850				
FIXED MONTHLY ALLOWANCES	:NO	FIXED MONTHLY DEDUCTIONS	:NO		
FIXED MONTHLY ALLOWANCES FIXED MONTHLY SALARY	:S\$0 :S\$850	HOUSING DEDUCTION FOOD DEDUCTION	:S\$0 :S\$0		
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 -	l the combined to conditions of way	denormit as assocified in the For	unloument of Fernian Mannauer (Med)		

- (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.
- (b) I have I 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)

WPINO		. 4 05009202	υ <b>υ</b> ,	A		. 03/03/2013	
PART II PAF	RTICULARS OF C	COMPANY OR EMP	PLOYER				
MAIN CONTR	RACTOR / SHIPY	ARD	:				
CPF SUBMIS	SSION NO. OF MA	AIN SHIPYARD / M.	AIN CONTRACTOR:				
NAME			Т:	C KHOO & CO	PTE LTD		
ADDRESS				5 SENOKO WAY SINGAPORE 758			
BUSINESS A	CTIVITY		:5	SPINNING, WEA	VING AND	FINISHING OF	TEXTILES
CPF SUBMIS	SSION NO. :19750	00399G - PTE - 01	REGISTRATION NO. (ACRA)	:197500399G	PRIOR REF NO	APPROVAL D.	:
TELEPHONE	:67582	2119			FAX		:67532978
TEMPORARY	Y PERMIT ISSUE	D AT THE TIME OF	SUBMISSION? : NO				
IS CONSENT	EMPLOYER GIVEN FOR TR	_					
PART II (A)	DECLARATION B	BY EMPLOYER					
WP NO. NAME OF WO CPF SUBMIS NAME OF EN	SSION NO.	: 4 05069202 : PHANG MIN AI : 197500399G - F : T C KHOO & CO			DOA	: 05/03/2015	
I declare that (a)	I have read an	d understood the	for the foreign employ applicable conditions Work Passes) Regulati	and regulatory	conditions	of work perm	it, as specified in the
(b)					source; and further, to		
(c)	(c) The employer is aware that the Controller of Work Passes uses its Central Provident Fund contribution information determine the number of local workers employed by the employer hence determining the number of foreign employees the it may employ. The employer has ensured that its Central Provident Fund contribution record of payments as employ required under the Central Provident Fund Act (Cap.36) only reflects every citizen or permanent resident of Singapore whis employed by the employer and at the appropriate contribution rate prescribed by law. The employer has made as voluntary CPF contributions only through a separate CPF Submission Number (CSN).						
(d)	The employer has foreign employee		foreign employee fully	understands the	contents o	of <b>PART I</b> and th	nat it was signed by the
(e)	For the purpose of setting up a bank account as part of this work permit application, I consent to the Ministry of Manpowe disclosing the employer's particulars and contact information to the bank.						
<pre> ② (f) *Delete</pre>	The employer has / has not* used the services of an Employment Agency based in Singapore for the recruitment and / o application of a work permit for this foreign employee.  (If applicable: Employment Agency Licence No:  Please also ensure that the						
accordingly	employment age	ncy completes PAR	RT III).				
(g) The information as set out in PART II and any appeals the employer has made in relation to this application are, to the besof my knowledge, true and correct; and that all documents submitted in support of this application and any appeals made it relation to this application, are true copies of the authentic documents.							
Name of Aut	horised Represer	ntative:		Organisa	ation Stam	p:	
NRIC:	·						
Designation:							
1				l l			

Date:

(DD-MM-YYYY)

Signature:

IS A SINGAPORE EMPLOYMENT A 4 05069202) : NO	GENCY USED FOR THE PU	RPOSES OF	THIS AF	PPLICATION FOR PH	ANG MIN AI (WP NUMBEF	₹:
NAME OF SINGAPORE EMPLOYMENT AGENCY	:			_ LICENCE NO.	:	
OPERATING ADDRESS	:			TELEPHONE	:	
FEE PAYABLE TO SINGAPORE EN	IPLOYMENT AGENCY					
ANY FEES PAID BY THE EMPLOYE	EE TO THE SINGAPORE EMP	PLOYMENT A	AGENCY	<b>/</b> :		
FEES FOR COSTS INCURRED OVERSEAS	: S\$					
AGENCY FEE	: S\$					
PART III (A) DECLARATION BY SIN Singapore Employment Agency. If m website)						1
I declare that -						
officer of the employer.  (c) The information as set out in knowledge, true and correct;	nts of the application and th of Foreign Manpower (Work	ne applicable Passes) Reg opeals I have e submitted i	conditions made in suppo	ons and regulatory $cc$ $c.91A$ to the foreign $ec$ in relation to this appl	employee and the authorise lication is, to the best of m	ed 1y
Name of Employment Agency Perso	nnel:		Employ	ment Agency Stamp:		
Employment Agency Personnel Nun	nber:					
Signature:						
		С	oate:		(DD-MM-YYYY)	,
	COMPLETED BY CURRENT IAMED ABOVE IS APPLYING			_		
	CONSENT TO TRANS	FER FOREIG	N EMPI	LOYEE		
I,		agree to r	elease	PHANG MIN AI 4 05	5069202	
(Name of Company)				(Name and WP Nun	nber of Worker )	
to the prospective employer TCK	HOO & CO PTE LTD					
( Nam	e of Prospective Company )					
because					·	
Pending the outcome of the applicat work permit (if necessary). If the apemployee.						
Name of Declarant:			Organi	sation Stamp:		
NRIC:						
Designation:						
Signature:						
			ate:		(DD-MM-YYYY)	,



# Casino Self-Exclusion Application Form For Foreigners

## **USE BLOCK LETTERS**

USE BLUCK LETTERS			
Personal Particulars			
Name (as in Passport)	Passport No		
PHANG MIN AI	A34102759		
Date of Birth (dd/mm/yyyy)	FIN No (if available)		
09/11/1996	G2588373Q		
Nationality	Gender		
MALAYSIAN FEMALE			
Contact Information (of Employer in Singa	pore – If available)		
Address			
35 SENOKO WAY SINGAPORE 758051			
Contact No	Email (if available)		
67582119	N.A.		

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# Tick All D

Declaration for Applicant (Pl	ease lick 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 any duress.	I declare that this application is made voluntarily, without any force or coercion or unde any duress.						
apply to revoke from NCPG a	fter a period of at least 1 year articulars to the relevant ager	ay in force indefinitely, unless I . I also understand that NCPG ncies and organizations under v Self-Exclusion.					
	g that I may be liable to crimir	cation is true and correct and I nal prosecution if I have stated true.					
 Signature		Date					
PLEASE COMPLETE AND SEND THIS FORM <u>BY HAND</u> OR <u>BY REGISTERED MAIL</u> 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:							

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