



## Declaration Form

You need to submit this form during pass issuance. For any discrepancies in this form, please notify MOM ([www.mom.gov.sg/change-ipa-info](http://www.mom.gov.sg/change-ipa-info)) with the correct information before issuing the pass. We will re-assess your application and inform you of the outcome.

### PART A DECLARATION BY PASS HOLDER

Name: MOHANLAL NILESH TAWRI

FIN: G1317490W

Date of Application: 12 APR 2023

Date of Birth: 06 APR 1988

Nationality: INDIAN

Name of Employer/Sponsor: TOTAL EBIZ SOLUTIONS PTE. LTD.

I declare that:

- I have never been refused entry or deported from any country.
- I have never been convicted in a court of law in any country.
- I have never been prohibited from entering Singapore.
- I have never entered Singapore using a different passport issued by a different country.
- I have never entered Singapore using a different name.
- I have never been a citizen or permanent resident of Singapore.

Declaration Details: Nil

I declare that I have not suffered from or am not suffering from AIDS or Tuberculosis, and am not infected with HIV.

I consent, for the purposes of assessing this Application for a/an Dependant's Pass, and the administration of work pass matters,

- for the Government of Singapore and statutory authorities to obtain from and verify information (including my medical records and information relating to them) with any person, organisation or any other source, and
- to the release of all information obtained (including my medical records and information relating to them) to the Government of Singapore, statutory authorities and their agents.

I consent for the Government of Singapore and its statutory authorities to display my information on the Ministry of Manpower's work pass systems, and to disclose such information to any relevant person or organisation for the administration of matters relating to work pass and passes for dependants.



I consent to the Ministry of Manpower displaying my pass details when my card is scanned using the Ministry of Manpower's work pass mobile application.

I understand that a SingPass will help me to access Government e-services in Singapore and I give my consent to the Ministry of Manpower to share my personal details with the SingPass issuing agency. This allows me to apply for a SingPass account at a later time if I am eligible for a SingPass.

I give my consent for the Ministry of Manpower to use my contact details to contact me during emergencies and to send me messages related to my work pass and employment in Singapore. I also consent for the Ministry of Manpower to share my contact details with other Government agencies and statutory authorities for the same purposes.

I declare that in relation to my COVID-19 vaccination status, I am fully vaccinated according to the vaccination requirements stated in our website at <https://www.mom.gov.sg/vac-reqmts>. This is undertaken in accordance with the following where applicable – the prevailing guidelines of the Singapore Ministry of Health and Ministry of Manpower, or the Employment of Foreign Manpower (Work Passes) Regulations 2012. To meet the requirements above, I declare that I have read the guidelines contained in <https://www.mom.gov.sg/vac-reqmts>.

I declare that the information in this Application for an Dependant's Pass, Declaration Form and any appeals are, to the best of my knowledge, true and correct; and that all documents submitted in support for this Application, Declaration Form and any appeals, are true copies of the originals.

I am aware that if I have stated or provided any information within this Declaration that I know to be false or do not believe to be true, I may be subject to enforcement action including prosecution, the cancellation of the in-principle approval and the revocation of my Dependant's Pass.

Name of pass holder:

MOHANLAL NILESH TAWRI

FIN:

G1317490W

Signature of pass holder:

To be signed by parent if pass holder is below 16 years old.  
Please indicate name and FIN of parent.

Date

(DD-MM-YYYY)

**PART B** DECLARATION BY WORK PASS HOLDER IN SUPPORT OF APPLICATION FOR  
DEPENDANT'S PASS

I, for the foreigner named in Part A of this Declaration Form, hereby undertake to:

- bear responsibility for the foreigner's upkeep and maintenance in Singapore.
- provide all reasonable assistance to the foreigner to comply with any quarantine and medical surveillance imposed on the foreigner under Regulation 8(2A) and 8(4) of the Immigration Regulations c. 133.

I declare that in relation to the COVID-19 vaccination status of the foreigner named in Part A of this Declaration Form, I will inform and ensure the foreigner is fully vaccinated according to the vaccination requirements stated in our website at <https://www.mom.gov.sg/vac-reqmts>. This is undertaken in accordance with the following where applicable – the prevailing guidelines of the Singapore Ministry of Health and Ministry of Manpower, or the Employment of Foreign Manpower (Work Passes) Regulations 2012. To meet the requirements above, I declare that I have read the guidelines contained in <https://www.mom.gov.sg/vac-reqmts>.

I declare that the information in this Application for a Dependant's Pass, Declaration Form and any appeals are, to the best of my knowledge, true and correct; and that all documents submitted in support for this Application, Declaration Form and any appeals, are true copies of the originals.

Name of pass holder:

Signature of pass holder:

FIN:

Date

(DD-MM-YYYY)

**PART C DECLARATION BY EMPLOYER / LOCAL SPONSOR**

I declare that the information in this Application for a Dependant's Pass, Declaration Form and any appeals are, to the best of my knowledge, true and correct; and that all documents submitted in support for this Application, Declaration Form and any appeals, are true copies of the originals.

I declare that I am authorised to bind TOTAL EBIZ SOLUTIONS PTE. LTD., the employer/sponsor of MOHANLAL NILESH TAWRI to the following:

- The employer/sponsor has ensured that the pass holder fully understands the contents of Part A of the Declaration Form and that it was signed by the pass holder.

The employer/sponsor, for the pass holder named in Part A of this Declaration Form, undertakes to:

- indemnify the Singapore Government for any charges or expenses which may be incurred by the Government in respect of the repatriation of the pass holder or any of his dependants.

I consent, for the purpose of assessing this Application for an Dependant's Pass and the administration of work pass matters,

- For the Government of Singapore and statutory authorities to obtain from and verify information with any person, organisation or any other source, and
- To the release of all information obtained to the Government of Singapore, statutory authorities and their agents.

I consent to the Ministry of Manpower displaying pass details when the pass holder's card is scanned using the Ministry of Manpower's work pass mobile application.

I declare that I have informed the Main Pass Holder of this foreigner, that in relation to the COVID-19 vaccination of the foreigner, the Main Pass Holder will inform and ensure that the foreigner is fully vaccinated according to the vaccination requirements stated in our website at <https://www.mom.gov.sg/vac-reqmts>. This is undertaken in accordance with the following where applicable - the prevailing guidelines of the Singapore Ministry of Health and Ministry of Manpower, or the Employment of Foreign Manpower (Work Passes) Regulations 2012. To meet the requirements above, I declare that I have read the guidelines contained in <https://www.mom.gov.sg/vac-reqmts>.

I declare that the information in this Application for a Dependant's Pass, Declaration Form and any appeals are, to the best of my knowledge, true and correct; and that all documents submitted in support for this application, Declaration Form and any appeals, are true copies of the originals.



Name of Authorised Representative:

Organisation Stamp:

NRIC:

Designation:

Signature:

If you do not have a stamp, please attach a letter using your company letterhead to confirm that this representative is authorised.

Date

(DD-MM-YYYY)

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