

Please complete the relevant information below if the qualification is STPM or MICSS

Sijil Tinggi Persekolahan Malaysia (STPM)

No. of Passes attained (Inclusive of General Studies/Pengajian Am):

Principal pass-C

Subsidiary pass-R

Has the foreign employee attained a pass in General Studies/Pengajian AM?*

☐ Yes☐ No**Malaysia Independence Chinese Secondary School (MICSS) United Examination Certificate**

No. of Passes attained (Inclusive of Bahasa Inggeris/English language):

passes

Has the foreign employee attained a pass in Bahasa Inggeris/English Language?*

☐ Yes☐ No**5B: Societies/Organisations Membership**

(Past five years to date)

(1) Society/Organisation Membership

Name of Society/Organisation:

Position Held:*

☐ Chairman☐ Member☐ President☐ Secretary☐ Treasurer☐ Vice Chairman☐ Vice President

Period - dd/mm/yyyy

From:

To:

(2) Society/Organisation Membership

Name of Society/Organisation:

Position Held:*

☐ Chairman☐ Member☐ President☐ Secretary☐ Treasurer☐ Vice Chairman☐ Vice President

Period - dd/mm/yyyy

From:

To:

PART 6 – FOREIGN EMPLOYEE'S SPOUSE EDUCATION DETAILS

To be completed if the foreign employee's marital status in Part 4A is 'Married'.

Foreign Employee's Spouse Educational Details**(1) Awarding Body /Institution/ University awarded the qualification**

Country:

INDIA

State/Province:

KARNATAKA

Name:

JYOTI NIVAS COLLEGE

Main Campus or Affiliating College Attended: (Applicable only for India qualification)

JYOTI NIVAS COLLEGE

Qualifications#: (e.g. for Honours Degree, state class/division; Diploma)

MASTERS OF SCIENCE

Specialisation: (e.g. Civil engineering)

ORGANIC CHEMISTRY

Faculty: (e.g. Engineering)

SCIENCE

Period of Study - dd/mm/yyyy

From:

10/06/2012

To:

15/07/2014

Mode of Study:*

☐ Distance Learning☒ Full-Time☐ Part-Time

(2) Awarding Body /Institution/ University awarded the qualification

Country:	State/Province:
Name:	
Main Campus or Affiliating College Attended: (Applicable only for India qualification)	
Qualifications [#] : (e.g. for Honours Degree, state class/division; Diploma)	
Specialisation: (e.g. Civil engineering)	Faculty: (e.g. Engineering)
Period of Study - dd/mm/yyyy From: To:	
Mode of Study:* <input type="checkbox"/> Distance Learning <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	

Please complete the relevant information below if the qualification is STPM or MICSS

Sijil Tinggi Persekolahan Malaysia (STPM)

No. of Passes attained (Inclusive of General Studies/Pengajian Am): Principal pass-C Subsidiary pass-RHas the foreign employee attained a pass in General Studies/Pengajian AM?* ☐ Yes ☐ No

Malaysia Independence Chinese Secondary School (MICSS) United Examination Certificate

No. of Passes attained (Inclusive of Bahasa Inggeris/English language): passesHas the foreign employee attained a pass in Bahasa Inggeris/English Language?* ☐ Yes ☐ No

PART 7 – FOREIGN EMPLOYEE'S EMPLOYMENT DETAILS

7A: Working Experience of Foreign Employee

Total Period of Working Experience		Total Period of Relevant Working Experience Relevant to the occupation declared in Part 7C.	
Years:	Months:	Years:	Months:
8	5	8	5

Start with the most recent working experience.

Period (dd/mm/yyyy)		Name of Company	Country	Occupation	Last Drawn Monthly Salary (S\$)
From	To				
16/07/2017	25/07/2018	DBS	SINGAPORE	SENIOR CONSULTANT	6,400
26/02/2013	10/07/2017	ACCENTURE	INDIA	SENIOR SOFTWARE ENGINEER	1,338
16/02/2010	10/02/2013	TECH MAHINDRA	INDIA	TECHNICAL ASSOCIA -TE	594

7B: Salary Details

Please note that the fixed monthly salary includes only basic monthly salary and fixed monthly allowances. It is important that you read and understand the definition of fixed monthly salary, which can be found at <http://www.mom.gov.sg>.

Salary Payable by*: ☐ Both local and overseas ☐ Local ☐ Overseas

Fixed Monthly Salary = Basic Monthly Salary + Fixed Monthly Allowances

E.g. S\$5,000 = \$4,500 + \$500

As specified in Employment Contract:

Fixed Monthly Salary: S\$.00

Basic Monthly Salary: S\$.00

① MOM will use the fixed monthly salary to assess the application. If the amount indicated as fixed monthly salary is more than the basic monthly salary, MOM will take the difference as the 'fixed monthly allowances'. If there are no fixed monthly allowances, the amount of fixed monthly salary should be exactly the same as the basic monthly salary.

7C: Address and Duties to be Performed

Occupation:

① Refer to the List of Standard Occupation before you fill in the "Occupation" field. If the occupation you indicate cannot be found in the list, a close match will be assigned by Work Pass Division. For any subsequent amendments to this assigned occupation, you will have to withdraw the existing application and submit a new application. The prevailing administration fee will be charged upon submission.

Is your business entity an Employment Agency/Headhunter firm or does it supply labour to other business entities in the course of conducting its business?*

☐ Yes ☐ No

If Yes, will the foreign employee be deployed to work for another employer so as to supplement that other employer's manpower resources?

☐ Yes ☐ No

Address where foreign employee's duties are to be performed

Block/House No: Floor No: Unit No: Building Name:

Street Name: Postal Code:

National Environment Agency Licence Type*: (For Food Establishment only)

☐ Foodstall (e.g. hawker stall) ☐ Cold Drink Shop (e.g. pub) ☐ Foodshop (e.g. restaurant)

Did you source for this foreign employee with Contact Singapore's assistance?* ☐ Yes ☐ No

Employment Pass Eligibility Certificate Reference Number:

7D: Vetting Agency/Professional Body/Accreditation Agency Support

Has this application obtained support from the relevant vetting Agency(s)/Professional Body(s)/ Accreditation Agency(s)?*

☐ Yes ☐ No

If 'Yes', please select from the followings.

Please select one or more Vetting Agencies if the foreign employee has obtained support from any of the Vetting Agencies listed. Please note that the foreign employee must produce documentary proof of support from the agencies concerned together with this application.

☐ Attorney-General's Chamber ☐ IE Singapore (Representative Office) ☐ Singapore Dental Council
☐ Singapore Medical Council ☐ Singapore Nursing Board ☐ Registrar of Pharmacy Board
☐ Sport Singapore ☐ TCM Practitioners Board

PART 8 – DECLARATION BY FOREIGN EMPLOYEE

Please tick (✓) accordingly.

Have you ever:

- | | | |
|---|---|--|
| (a) been refused entry into or deported from any country? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) been convicted in a court of law in any country? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) been prohibited from entering Singapore? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) entered Singapore using a different passport issued by a different country? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) entered Singapore using a different name? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) been a Singapore Citizen or Singapore Permanent Resident? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (g) stayed in Singapore? If Yes, please indicate the purpose(s) of stay below. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

(i) Length of stay in Singapore due to study :

Year(s)	Month(s)
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(ii) Length of stay in Singapore due to work
[excluding the period that is already declared under g(i)] :

1 Year(s)	0 Month(s)
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(iii) Length of stay in Singapore due to other purposes :

Year(s)	Month(s)
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- (h) been issued a work visa by another country?
- ☐
- Yes
- ☒
- No

If Yes, please provide the most recent details below.

(i) Country of Issue :

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(ii) Length of Visa :

Year(s)	Month(s)
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If any of the above answers from (a) to (f) is 'Yes', please provide details:

I confirm that the information as set out in this application for Employment/S Pass is to the best of my knowledge, true and correct. All documents submitted in support of this application for Employment/S Pass are true copies of the originals. I understand that I may be prosecuted if I have provided any information, which is false in any material particular or is misleading by reason of the omission of any material particular.

I have read and understood the Conditions of Employment/S Pass, as specified in the Employment of Foreign Manpower (Work Passes) Regulations, which are available on the MOM website. I shall ensure that these conditions will be complied with.

Further and in addition, I hereby declare that: –

1. I shall not make any false statement or submit any document which I know to be false in order to obtain an Employment/S Pass and Visit Pass.
2. I understand that if I breach any condition above, my Employment/S Pass and Visit Pass will be revoked and I can be prosecuted in Court, or expelled and prohibited from entering Singapore.
3. I shall not misuse controlled drugs or 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.

With reference to this application submitted for Employment/S Pass and residence in Singapore, I give my consent to the Government of Singapore to obtain from and verify information with any person, organisation or any other source for assessing my application.

I hereby give my consent for the Comptroller of Income Tax to verify my income stated in my current and renewal applications, based on my assessment record for the current Year of Assessment, for the Controller of Work Passes. In the event my assessment record for the current Year of Assessment is not available or finalised at the point of verification, I understand the Comptroller of Income Tax will verify my income against my assessment record for the two previous Years of Assessment. I also hereby give my consent for the Comptroller of Income Tax to thereafter communicate the results of the verification to the Controller of Work Passes.

Signature of Foreign Employee

Y. B. S. L. H

Date

25/07/2018

PART 9 – DECLARATION BY LOCAL EMPLOYER/SPONSOR

I hereby sponsor this application and certify that it is made for the purpose as stated by the foreign employee. I confirm that the information as set out in this application for Employment/S Pass is to the best of my knowledge, true and correct.

I have ensured that the foreign employee fully understands the contents of Part 8 of this application form. I understand that I may be prosecuted if I have provided any information, which is false in any material particular or is misleading by reason of the omission of any material particular. I further understand that any false statement made by my company or myself in relation to this application for Employment/S Pass may adversely affect the future work pass applications of my company/firm.

I am aware that the Controller of Work Passes uses my company/firm's Central Provident Fund contribution information to determine the number of local workers employed by my company/firm hence determining the number of foreign employees that my company/firm may employ. I have ensured that my company/firm's Central Provident Fund contribution record of payments as required under the Central Provident Fund Act (Cap.36) only reflects every citizen or permanent resident of Singapore who is employed by my company/firm and at the appropriate contribution rate prescribed by law. My company/firm has made any voluntary CPF contributions only through a separate CPF Submission Number (CSN).

I undertake to:

- (i) be responsible for the stay, maintenance and repatriation of the foreign employee;
- (ii) indemnify the Singapore Government for any charges or expenses which may be incurred by the Government in respect of the repatriation of the said foreign employee or any of his dependants; and
- (iii) be responsible for the compliance by the foreign employee of any quarantine and medical surveillance imposed on the foreign employee under Regulation 8 (2A) of the Immigration Regulations.

In addition, I declare that: –

1. I hereby give my consent to the department to verify the particulars with any government agencies.
2. The company owner(s) is/are not undischarged bankrupt(s).
3. I **have/have not used the services of an Employment Agency or intermediary based in Singapore for the recruitment of the foreign worker. (Please also state the licence number of all Employment Agencies or intermediaries (if any) used for the purposes of this application: Licence number)
Please ensure that a copy of Part 10 of this form is completed by each Employment Agency or intermediary used.)

I shall keep copies of the foreign employee's education certificates as declared in the application form for as long as the foreign employee is in my employment. I understand the Ministry of Manpower can at any time request for these documents for verification and revoke the pass should the documents be inconsistent with the declaration furnished in the application form or if I am unable to produce the documents.

I have read and understood the Conditions and Regulatory Conditions of Employment Pass/S Pass, as specified in the Employment of Foreign Manpower (Work Passes) Regulations, which are available on the MOM website. I shall ensure that these conditions will be complied with.

I declare that I have read and understood the above.

Authorised Signature[#] & Date

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Official Stamp of Company / Firm:

Name & Designation / Capacity

Name:	Designation / Capacity:

[#] Authorised human resource personnel or any person holding at least a managerial position in the sponsoring company.

PART 10 – DECLARATION BY THE EMPLOYMENT AGENCY/INTERMEDIARY

Applicable for S Pass application and if the employer has used the services of an employment agency or intermediary.

(If more than one Employment Agency or intermediary is used, please download and complete another 'Declaration By Employment Agency or Intermediary' form from MOM website.)

For Employment Agency only

Name of Employment Agency/intermediary:

Licence Number:

Registered Address:

I declare that the abovenamed employer has not been offered (directly or indirectly), any sum or other benefit:

- (a) as consideration or as inducement for employing the foreign employee;
- (b) as consideration or as inducement for continuing to employ the foreign employee; or
- (c) as a financial guarantee related, in any way, to the employment of the foreign employee.

Name and NRIC Number of Authorised Representative

Name:

NRIC:

S

Date

Official Stamp of Employment Agency / Intermediary:

Signature of Authorised Representative

PART 11 – DECLARATION BY THIRD PARTY

Applicable for EP&S Pass application and if the third party is submitting the application on behalf of the employing company.

I declare that this application was submitted by my company on the instruction of the employing company. I further declare that I have ensured that all the details on the Pass Holder's salary, occupation, work experiences and qualifications as set out in the Application Form are provided to my company by the employing company. My company has documentary proof of this in the form of hardcopy application forms signed by the employing company and will retain them for one year from the date of this application for the inspection by the Controller. I understand that my company may be prosecuted if we have provided information which is false in any material particular, or is misleading by reason of the omission of a material particular. I understand that any false statement and/or declaration made by my company or myself in relation to the application for the S Pass may adversely affect the future work pass applications made by my company.

I declare that the above details on the Pass holder's salary, occupation, work experiences and qualifications are true and accurate.

Name and NRIC Number of Authorised Representative

Name:

NRIC:

S

Date

Official Stamp of Third Party:

Signature of Authorised Representative

Note: Controller mentioned in all the above declaration means the Controller of Work Passes