Date : 27/12/2021



Work Pass Division Ministry of Manpower 18 Havelock Road

Singapore 059764

Telephone: (65) 64385122 Fascimile: (65) 65387293 Website: http://www.mom.gov.sg Email: mom\_wpd@mom.gov.sg

MICHAEL PAGE INTERNATIONAL PTE LTD 1 RAFFLES PLACE #09-61 SINGAPORE 048616

Dear Sir / Madam

## Information update for renewal

You are advised to print out this form, so that your work pass holder can use it to update his/her information (when applicable). It can then be used for reference when you carry out the work pass renewal application via EPOL.

Please note that this form is **not** to be submitted to MOM as a renewal application.

If there is a change in the foreign employee's personal particulars e.g. Name, Date of Birth, etc., please fill up the "Request Form for Amendment of Personal Particulars" and submit to MOM for amendment via the iSubmit web portal (http://www.mom.gov.sg/iSubmit). The form can be printed from MOM website- http://www.mom.gov.sg under "Home>Services & Forms>Passes>Employment Pass-Ministry of Manpower>Forms".

STEP 1: APPLICATION	INFORMATION
Section A - Pass Declaration	
a) Is the Foreign Employee a Si	ngapore Citizen or Singapore Permanent Resident?  Yes  No
Section B - Existing Pass Details	
FIN	: G3927890T
Section C – Pass Duration	
Duration of Pass Applied For	: (months – from 1 to 60)
STEP 2 : FOREIGN EM	PLOYEE'S PERSONAL INFORMATION
Section A - Existing Pass Detail	S
Pass Type	: EP (LONG TERM)
Expiry Date	: 01/06/2022
Section B - Personal Particulars	
Name	: DHANASEKARAN VIVEKANANTHAN
Marital Status	: Divorced Married Separated
SINGLE	Single Widowed
Date of Birth	: 09/05/1989

: INDIAN

(If foreign employee's marital status is "Married", please fill in the details below)

**Nationality** 

Is Spouse a Singapore Citizen or Permanent Resident/S Pass Holder Work Permit Holder	: Yes No
(If the answer above is Yes, please fill in	ı the details below)
Name of Spouse	:
Spouse FIN / NRIC No.	
Spouse Identification Type	: FIN NRIC
Spouse Date of Birth	: DDD/MM/YYYY
Section C - Travel Document Inform	nation
Travel Document Type	: International Passport International Cert of Identity
	Hong Kong Special Admin Region Macau SAR Travel Permit
Travel Document No.	:
Date of Expiry	:
STEP 3: FOREIGN EMPL	OYEE'S EDUCATION / MEMBERSHIP
Education Details 1	
Has the Foreign Employee submit	ted supporting documents for this qualifications before ?  Yes  No
Submitted Education Details	
Awarding Body / Institution / University :	ersity INDIA
State / Province :	-
Name :	ANNA UNIVERSITY (ALSO KNOWN AS ANNA UNIVERSITY CHENNAI)
Qualification :	BACHELOR'S DEGREE
Faculty :	ENGINEERING
Specialisation :	COMPUTER ENGINEERING/SCIENCE
Mode of Study :	FULL-TIME
Period of Study :	FROM 31/07/2006 TO 31/05/2010
Please fill in the fields below if the for	eign employee wish to edit Education Details 1.
Awarding Body / Institution / Unive	<u>rsity</u>
Country	:
State / Province	:
Name	:
Main Campus or Affiliating College (Applicable only for India qualification)	
Qualification	:
Faculty	:
Specialisation	:

Mode of Study	: Distance Learnin	g	Full Time	Part Time	
Period of Study	: From D D	) / M M /	Y Y Y Y	To D D / M M /	Y Y Y Y
Education Details	2				
Has the Foreign E	Employee submitted supporti	ng documents fo	or this qualification	s before ? Yes	No
Awarding Body / Ir	nstitution / University				
Country		:			
State / Province		:			
Name		:			
	Affiliating College Attended or India qualification)	:			
Qualification		:			
Faculty		:			
Specialisation		:			
Mode of Study	: Distance Learnin	g	Full Time	Part Time	
Period of Study	: From D D	) / M M /	YYYY	To	YYYY
Sijil Tinggi Perseko No. of Passes atta (Inclusive of Gener	ete the relevant information boolahan Malaysia (STPM)  ained: al Studies / Pengajian Am)  mployee attained a pass in Ger	Princi	pal pass-C	Subsidiary pass-R  Yes  No	
No. of Passes atta	lence Chinese Secondary Sc ained : al Studies / Pengajian Am)	hool (MICSS) Ur	nited Examination C		
Has the Foreign En	nployee attained a pass in Bah	asa Inggeris / En	glish Language?	Yes No	
(Past 5 years to da		L			
Society / Organisa					
	lease tick the correct box)	Convetor	. Tuo o o uno u	Vice Chairman	Vice Dresident
Chairman Period	Member President  : From D D	Secretary  O / M M /		To D D / M M	Vice President  / Y Y Y Y
<u>Societies / Organis</u> (Past 5 years to da	sations Membership Details 2 tte)	2			
Society / Organisa					
	lease <b>tick</b> the correct box)				
Chairman	Member President	Secretary	/ Treasurer	Vice Chairman	Vice President

Period		: Fro	m									То							
			D	D	/ N	И М	1	Υ	Y	ΥΥ		D	D	1	М М	/	Υ	Υ \	ΥY
STED 4.	CODEICN I	EMDL OV	'EE'C	<b>E M F</b>	ol OV	N/IENI	IT DE	<b>.</b> TAI	ıı c										
STEP 4:	FOREIGN E	EMPLUY	EE 3	EIVIF	LUY	IVIEIN	וו טב	: IAI	L5										
<b>Total Period of W</b> 8 year(s)	orking Expe	erience		:	Year	(s)		N	Month(	(s)									
<b>Total Period of R</b> 8 year(s)	elevant Exp	erience		:	Year	(s)		N	Month(	(s)									
Salary Details																			
Please note that the the definition of fixed	e fixed monthl d monthly sala	y salary ind ary, which c	cludes o an be fo	only b ound	asic m at <u>http:</u>	onthly <u>//www</u>	/ salar <u>/.mom</u>	y and .gov.:	d fixed sg.	month	nly allo	wances	. It is ii	mpor	tant tha	at you	read	and ui	nderstand
Salary Payable B LOCAL	ву			:	В	oth Lo	ocal &	. Ove	erseas	3		Local		Ove	rseas				
Fixed Monthly Sa E.g. \$5,000	alary = B	asic Mon \$4,		alary	' + +	Fixe		nthly \$500	/ Allov	vance	es								
L.g. \$5,000		Ψ+,	500		•			ψ500	<b>,</b>										
Fixed Monthly Sa S\$6700	alary			:	S\$														
Basic Monthly Sa S\$6700	alary			:	S\$														
(i) salary, MOM	se the fixed m I will take the cactly the sam	difference as the ba	as the '	fixed	monthl														
SENIOR SOFTWA	ARE DEVEL	JPER		=															
Is the business does it supply conducting its bu Will the foreign e as to supplemen	labour to dusiness? employee be	other bus	siness d to wo	enti ork fo	ities i or ano	n the	e cou emple	ırse	of		'es		No No						
Address where fo	oreign empl	oyee's du	ıties aı	re to	be pe	rform	ned :												
51 CHANGI BUSI	NESS PARK	CENTRA	L 2 #0	3-11/	ATHE	SIGN	IATUF	RE S	INGA	PORE	4860	66							
Postal Code : Street Name	:	Block	/House	e No	•		Flooi	r No	-		Unit I	No.							
<b>Building Name</b>	:																		
Is the premise at	the abovem	nentioned	addre	ess a	food	estab	olishn	nent	?			Yes			No				
(Note that all food If Yes, please indic Foodstall (e.g.	cate National	Environm		gency	Licen	се Ту	/pe :	ency				restau	rant) [						

	fill in the name of the Vetting Agency(s) / Professional Body(s) / Accreditation Agency	(6)	
STEP 5:	DECLARATION BY FOREIGN EMPLOYEE		
Please <b>tick</b> a	ccordingly.		
a) Has the fo	preigner ever been refused entry into or deported from any country?	Yes	No
(b) Has the fo	oreigner ever been convicted in a court of law in any country?	Yes	No
(c) Has the fo	oreigner ever been prohibited from entering Singapore?	Yes	No
(d) Has the fo	preigner ever entered Singapore using a passport issued by a different country?	Yes	No
(e) Has the fo	oreigner ever entered Singapore using a different name?	Yes	No
(f) Has the fo	reigner ever been a Singapore Citizen or Singapore Permanent Resident?	Yes	No
f any of the a	above answers from (a) to (f) is 'Yes', please provide details.		