

Address in Country/Place of Origin/Residence

Country/Place of Origin/ Residence:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																							
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Prefecture of Origin/ Residence:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																							
County/District of Origin/ Residence:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																							
Address:	<hr/>																							

PART II – OTHER DETAILS

Email Address:	<table><tr><td>C</td><td>H</td><td>U</td><td>D</td><td>A</td><td>S</td><td>A</td><td>M</td><td>A</td><td>.</td><td>K</td><td>A</td><td>H</td><td>A</td><td>N</td><td>@</td><td>G</td><td>M</td><td>A</td><td>I</td><td>L</td><td>.</td><td>C</td><td>O</td><td>M</td></tr></table>	C	H	U	D	A	S	A	M	A	.	K	A	H	A	N	@	G	M	A	I	L	.	C	O	M
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Contact Number:	<table><tr><td>1</td><td>1</td><td>1</td><td>9</td><td>9</td><td>9</td><td>1</td><td>1</td><td>1</td><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	1	1	1	9	9	9	1	1	1	9															
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Occupation:	<table><tr><td>B</td><td>U</td><td>S</td><td>I</td><td>N</td><td>E</td><td>S</td><td>S</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	B	U	S	I	N	E	S	S																	
B	U	S	I	N	E	S	S																			
Highest Academic/ Professional Qualifications Attained:*	<input type="checkbox"/> No Formal Education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Pre-University <input type="checkbox"/> Diploma <input type="checkbox"/> University <input type="checkbox"/> Post-Graduate																									
Annual Income in Singapore dollars (SGD):	<table><tr><td>9</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	9	0	0	0	0	0																			
9	0	0	0	0	0																					
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H	I	N	D	U	I	S	M																			
Expected Date of Arrival in Singapore:	<table><tr><td>0</td><td>7</td><td>—</td><td>0</td><td>8</td><td>—</td><td>2</td><td>0</td><td>2</td><td>5</td></tr><tr><td colspan="2">D D</td><td></td><td colspan="2">M M</td><td></td><td colspan="4">Y Y Y Y</td></tr></table>	0	7	—	0	8	—	2	0	2	5	D D			M M			Y Y Y Y								
0	7	—	0	8	—	2	0	2	5																	
D D			M M			Y Y Y Y																				
Type of Visa:*	<input type="checkbox"/> Single Journey <input type="checkbox"/> Double Journey <input type="checkbox"/> Triple Journey <input type="checkbox"/> Multiple Journey																									
Purpose of visit:*	<input type="checkbox"/> Social <input checked="" type="checkbox"/> Business																									
Details of purpose:	<hr/>																									
How long do you intend to stay in Singapore:*	<input checked="" type="checkbox"/> Less than 30 days <input type="checkbox"/> More than 30 days																									
If your intended stay in Singapore is more than 30 days, please state the reason for your intended length of stay and the duration	<hr/> <hr/>																									

Address in Singapore

Where will you be staying in Singapore?:*

☐ Next of Kin's Place ☐ Relative's Place ☐ Friend's Place ☐ Hotel ☒ Others (Please specify): other place details

Block/House No.:

4 8 2 1 2

Floor No.:

0 1

Unit No.:

1 2 3 4

Postal Code:

3 6 0 0 6 0

Street Name:

V I R N A G A R L I M D A C H O W K

Contact No: 9724111669

Building Name: TEST

Did you reside in other countries/places, other than your country/place of origin, for one year or more during the last 5 years ?*

☐ Yes ☒ No

If yes, please furnish details

Period of Stay

Country/Place	Address	From	To

Details of Travelling Companion

(Only for applicant who is 12 years old or less at the point of application. Details are not required if applicant is accompanied by an airline representative.)

Relationship of
Travelling
Companion
To Applicant:

Name:

Date of Birth:

 — —
D D M M Y Y Y Y

Sex:*

☐ Male ☐ Female

Nationality/Citizenship:

Travel Document
Number:

Details of Local Contact or Company/Hotel in Singapore

[illegible][illegible]

Email Address: _____

(a) Have you ever been refused entry into or deported from any country/place, including Singapore? ☐ Yes ☒ No

(b) Have you ever been convicted in a court of law in any country/place, including Singapore? ☐ Yes ☒ No

(c) Have you ever been prohibited from entering Singapore? ☐ Yes ☒ No

(d) Have you ever entered Singapore using a different passport or name? ☐ Yes ☒ No

I declare that all information submitted in this application is true, accurate and complete to the best of my knowledge and belief. I understand that, if I have concealed relevant information or provided false, inaccurate or misleading information, I may be prosecuted and any facilities, rights or privileges granted under this application may be withdrawn.

I undertake not to misuse controlled drugs or to 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 1959.

I undertake to comply with the provisions of the Immigration Act 1959 and any regulations made thereunder or any statutory modification or re-enactment thereof for the time being in force in Singapore.

I undertake not to involve in any criminal offences in Singapore.

I undertake not to indulge in any activities which are inconsistent with the purpose for which the immigration passes have been issued

I further undertake not to be engaged in any form of employment, business or occupation whilst in Singapore without a valid work pass issued under the Employment of Foreign Manpower Act 1990.

I am aware that overstaying or working illegally in Singapore is a serious offence and on conviction, the penalties may include mandatory imprisonment and caning.

I understand that if the Controller of Immigration is satisfied that I or any member of my family breaches this undertaking or becomes an undesirable or prohibited immigrant, he will cancel my immigration pass and the passes of the members of my family, and we may be required to leave Singapore within 24 hours of such cancellation.

I understand that this application for and possession of a visa does not guarantee entry into Singapore and permission to entry is entirely discretionary at the point of entry.

I give my consent for your department to obtain and verify information from or with any source as you deem appropriate for the assessment of my application for immigration facilities.

X _____
Signature of Applicant