

Foreign Domestic Worker Work Permit Renewal Declaration Form



Use this form only if you are an Employment Agent acting on behalf of an employer

**To be signed by the employer and
uploaded as part of the renewal
process**

Declaration by the employer

1. In order to renew a work pass under the Employment of Foreign Manpower Act ("EFMA"), I declare that:
 - a. I am fully aware of and shall fulfil my obligations as an employer of a foreign domestic worker under the EFMA and the Employment of Foreign Manpower (Work Passes) Regulations ("EFMR") which includes the following:
 - Pay her salary promptly
 - Pay for her upkeep and maintenance, including medical treatment
 - Provide acceptable accommodation for her
 - Should she die while in Singapore, pay for her burial or cremation and pay for her body and belongings to be returned to her home
 - Take her to the Controller of Work Passes when required by Ministry of Manpower
 - Inform the Controller of Work Passes in writing within seven days when her employment ends or her work pass is cancelled
 - Arrange and pay for her passage home, after giving her reasonable notice, and paying her outstanding salary
 - Shall employ her in accordance with the Work Pass Conditions and Regulatory Conditions applicable to her
 - b. I shall take reasonable steps to ensure that my foreign domestic worker complies with the EFMA and the EFMR; and such steps shall include reporting to the Controller of Work Passes if I know that she is noncompliant; and
 - c. I have obtained my foreign domestic worker's written consent to continue her employment with me.
 - d. I do not have any medical condition(s) that will impair my ability to supervise and ensure the well-being of my foreign domestic worker.
 - e. I consent to the Government of Singapore and statutory authorities to obtain and verify information, including information relating to my medical condition(s), with any person, organisation or any other source, and retain such information for the purpose of assessing my suitability as an employer of foreign domestic worker(s). Further, I consent to the information obtained in this process to be released to the Government of Singapore, its statutory authorities and any authorised agents.
 - f. I consent to MOM displaying the work pass details when my foreign domestic worker's card is scanned using MOM's work pass mobile application.
2. In relation to the COVID-19 vaccination status of the foreign domestic worker, I declare that I will inform and ensure that the foreign domestic worker adheres to all vaccination requirements, as set out in:
<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 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>.
3. When a new security bond is needed, I declare that:
 - a. I have furnished my security bond

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Declaration by the employer

- b. I understand that the Controller of Work Passes has imposed on me a security bond for the sum of FIVE THOUSAND SINGAPORE DOLLARS (SGD 5,000) payable to the Government of the Republic of Singapore to ensure that I comply with my obligations under the EFMA and the EFMR [including those in 1(a) above];
- c. I understand that if I breach any of my obligations as an employer of a foreign domestic worker, my Security Bond may be forfeited fully or in part. I also understand that if there is only partial forfeiture, the Government of the Republic of Singapore may forfeit the rest at a later point in time for the same breach or a different breach.
4. By signing this form, I indicate that I have read and understood this declaration; and intend to be bound by it. I am aware that if I have wilfully stated in it anything which I know to be false or do not believe to be true, I may be prosecuted.

Name of helper *thu zen win*

FIN of helper *M3281646 T*

Name of employer *Lee Yin Fong*

NRIC/FIN of employer *S68750617*

Signature of employer *[Signature]*

Date (DD-MM-YYYY) *27/4/2025*