



DATE OF APPLICATION

06 Feb 2024

WORK PERMIT NUMBER

0 28323867

NAME OF HELPER

MORENO MARY JANE SEPULVIDA

**To be signed by the various parties and uploaded when you get the pass issued**



TYPE OF APPLICATION  
STANDARD APPLICATION

## Part I. Helper and employment

### About the helper

Full name	<b>MORENO MARY JANE SEPULVIDA</b>	Date of birth	<b>11 Oct 1982</b>
FIN	<b>G4144293Q</b>	Birth place	<b>Philippines</b>
Work Permit number	<b>0 28323867</b>	Birth province	<b>Bulacan bulacan</b>
Passport number	<b>P8129092B</b>	Religion	<b>Others</b>
Passport expiry date	<b>08 Nov 2031</b>	Ethnic group	<b>Filipino</b>
Immigration pass	<b>Current Workpass Holder</b>	8 years of formal education?	<b>Yes</b>
Nationality	<b>Filipino</b>	Highest education level	<b>Secondary without spm or gce o level</b>
Gender	<b>Female</b>	Marital status	<b>Single</b>
		Monthly salary	<b>\$750</b>
		Rest days per month	<b>4</b>
		Fee paid to Employment Agency by the helper	<b>\$750</b>

### About the employment

Employer's name	<b>TAN TECK CHENG</b>
Place of employment	<b>CASA PASIR RIS 201 JALAN LOYANG BESAR #01-20 Singapore 509506</b>



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CURRENT EMPLOYER NAME

GUO ZI XUAN CYNDI

CONSENT GIVEN FOR TRANSFER

Yes

## Part II. Prospective employer

### About the employer

Full name **TAN TECK CHENG**  
Gender **Female**  
Date of birth **23 May 1966**  
Nationality **Singapore citizen**  
Residential status **Singapore citizen**  
NRIC **SXXXX768H**  
Marital status **Married**  
Housing type **Others**

### About the employer's spouse

Full name **NG KOON TIONG**  
Gender **Male**  
Date of birth **10 Oct 1965**  
Nationality **Singapore citizen**  
Residential status **Singapore citizen**  
NRIC **SXXXX456C**

### Contact details

Mobile number **+65 83661010**  
Email **jesstan6@gmail.com**  
Residential address **CASA PASIR RIS  
201 JALAN LOYANG  
BESAR  
#01-20  
Singapore 509506**

### Employer's household details

Number of family members in the household (excluding employer and spouse): **2**

Full name	ID number	ID type	Date of birth	Relationship
DION NG WEI JIE	SXXXX155Z	Nric	28 Dec 1994	Child
CHELSIA NG SHI QI	SXXXX539H	Nric	08 Apr 1993	Child





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## Part II. Declaration by employer

I declare that:

1. 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.
2. I have read and understood the applicable conditions and regulatory conditions of Work Permit set out in the Employment of Foreign Manpower (Work Passes) Regulations ("EFMR"), available at [www.mom.gov.sg](http://www.mom.gov.sg).
3. I consent to the Government of Singapore and statutory authorities to obtain and verify information, including information relating to my medical condition, 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.
4. To the best of my knowledge, the foreign domestic worker (if she has not worked as a foreign domestic worker or confinement nanny in Singapore before) has had a minimum of eight years of formal education and has educational certificates as documentary proof of this.
5. I understand my foreign domestic worker has the option to set up a POSB bank account to receive her salary. If she chooses to set up her POSB bank account, I confirm that I:
  - a. Have obtained her written consent to submit her bank account application and any declarations to POSB
  - b. Have checked with her on the accuracy of her details for the bank account application
  - c. Allow the Ministry of Manpower to send my personal details and contact information to POSB
6. I have obtained written consent from the foreign domestic worker to perform this transaction. I will produce this consent when requested by the authority.
7. I consent to the Ministry of Manpower displaying work pass details when the foreign domestic worker's work pass card is scanned using the Ministry of Manpower's work pass mobile application.
8. I am not related to the foreign domestic worker.
9. I have ensured that the foreign domestic worker fully understands the contents of PART I and that it was signed by the foreign domestic worker.
10. The information in this application and any appeals I have made in relation to this application are, to the best of my knowledge, true and correct; and that all documents submitted in support of this application and any appeals made in relation to the application, are true copies of the authentic documents.
11. I am aware of and shall fulfil my obligations as an employer of a foreign domestic worker under the Employment of Foreign Manpower Act 2012 ("EFMA") and EFMR which includes the following:
  - a. Pay her salary promptly
  - b. Pay for her upkeep and maintenance, including medical treatment
  - c. Provide acceptable accommodation for her
  - d. 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
  - e. Take her to the Controller of Work Passes when required by MOM
  - f. Inform the Controller of Work Passes in writing within seven days when her employment ends by cancelling her Work Permit
  - g. Arrange and pay for her passage home, after giving her reasonable notice and paying her outstanding salary
  - h. Shall employ her in accordance with the Work Pass Conditions and Regulatory Conditions applicable to her
12. I shall take reasonable steps to ensure that my foreign domestic worker complies with the EFMA and the EFMR. Such steps shall include reporting to the Controller of Work Passes if I know that she is non-compliant.
13. I understand that if I breach any of my obligations as an employer of a foreign domestic worker, my Security Bond in the sum of \$5,000 which I have furnished to the Controller of Work Passes may be forfeited fully or in part. I also understand if there is only partial forfeiture, the Government of Singapore may forfeit the rest at a later point in time for the same breach or a different breach.
14. I also understand that if I breach any of my obligations as an employer of a foreign domestic worker, other enforcement actions may be taken against me in addition to my Security Bond being forfeited fully or in part.
15. 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 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>.



DATE OF APPLICATION <b>06 Feb 2024</b>	WORK PERMIT NUMBER <b>0 28323867</b>	NAME OF HELPER <b>MORENO MARY JANE SEPULVIDA</b>
Name of employer <b>TAN TECK CHENG</b>	NRIC/FIN <b>SXXXX768H</b>	
Signature of employer 	Date (DD-MM-YYYY) <b>0 8 FEB 2024</b>	



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MORENO MARY JANE SEPULVIDA

**Part III. Helper's current employer****Part III. Declaration by current employer whose foreign domestic worker is applying for a change of employer**

I, GUO ZI XUAN CYNDI (Name of Current Employer) of IC / FIN SXXXX634Z agree to release my foreign domestic worker named above to the prospective employer, TAN TECK CHENG (Name of Prospective Employer).

Until the transfer is successful, I remain responsible for this foreign domestic worker. In the meantime, if the Work Permit of this foreign domestic worker is expiring, I will either apply to extend her Work Permit or send her back to her home country.

Signature of current employer

**No signature is required as you have authorised the transfer online**

Date

**01 Feb 2024**





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**Part IV. Employment Agency****About the Employment Agency**Name **GLOBAL UNITED  
CHANNEL PRIVATE  
LIMITED**Licence no. **17C8945**Telephone **+65 63441706**

Address

**Part IV. Declaration by Employment Agency**

This declaration must be completed by the Employment Agency or intermediary who is making the application on behalf of the employer.

I declare that:

1. I am the Employment Agency personnel handling this application.
2. To the best of my knowledge, the foreign domestic worker (if she has not worked as a foreign domestic worker or confinement nanny in Singapore before) has had a minimum of eight years of formal education and has educational certificates as documentary proof of this.
3. I have obtained written consent from the employer and foreign domestic worker to perform this transaction. I will produce this consent when requested by the authority.
4. I have explained the contents of the application and the applicable conditions and regulatory conditions of this Work Permit, as set out in the Employment of Foreign Manpower (Work Passes) Regulations 2012, to the foreign domestic worker and the employer.
5. The information in this application and any appeals I have made in relation to this application are, to the best of my knowledge, true and correct; and that all documents submitted in support of this application and any appeals made in relation to the application, are true copies of the authentic documents.
6. I declare that I have informed the employer of this foreign domestic worker, that in relation to the COVID-19 vaccination of the foreign domestic worker, the employer will inform and ensure that the foreign domestic worker 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>.

Name of Employment Agency personnel

**Soh Gook Sian**  
**PH100893**

Employment Agency personnel number

**Soh Gook Sian**  
**PH100893**

Signature of Employment Agency personnel

Date (DD-MM-YYYY)

**08 FEB 2024**