

DATE OF APPLICATION
07 Jun 2018WORK PERMIT NUMBER
0 94226309HELPER NAME
NIANG LAM HUAI

To be signed by the various parties and uploaded as part of the issuance process

TYPE OF APPLICATION
SPONSOR APPLICATION

Part I. Helper and employment

About the helper

Full name	NIANG LAM HUAI	Date of birth	30 Jun 1989
FIN	G8584446L	Birth place	Myanmar
Work permit number	0 94226309	Religion	Christian
Passport number	MC703889	Ethnic group	Burmese
Passport expiry date	08 Nov 2022	8 years of formal education?	Yes
Immigration pass	Current Workpass Holder	Highest education level	Secondary without spm or gce o level
Nationality	Myanmar	Marital status	Married
Gender	Female	Monthly salary	\$430
		Rest days per month	0
		Fee paid to Employment Agency by the helper	430

About the helper's spouse

Name	-
Residential status	Not a Singapore Citizen or Permanent Resident

About the employment

Employer's name	BEINS VALBERG H ENRIETTA
Place of employment	CASA CLEMENTI 421 CLEMENTI AVENUE 1 #05-379 Singapore 120421

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NIANG LAM HUAI**Part I. Declaration by foreign domestic worker**

I declare that:

1. I have read and understood the conditions of work permit, which are set out in the Employment of Foreign Manpower (Work Passes) Regulations c 91A, available at www.mom.gov.sg
2. I have had at least eight years of formal education and have the certificates to prove this. (This does not apply to you if you have been employed as a foreign domestic worker or confinement nanny in Singapore before.)
3. I have never been convicted of a criminal offence in any country or state.
4. For the purpose of assessing this application, I consent for the Government of Singapore and its statutory authorities to obtain from and verify information with any person, organisation or any other source, and to disclose such information to its authorised agents. For the purpose of my employment, I also consent for the Government of Singapore and its statutory authorities to display my employment information on the MOM's work pass systems, and to disclose such information to any relevant person or organisation.
5. I consent to the Ministry of Manpower displaying my work pass details when my work pass card is scanned using the Ministry of Manpower's work pass mobile application.
6. All the documents that have been submitted on my behalf in support of this Application for a Work Permit are true copies of the authentic documents.

Name of worker
NIANG LAM HUAIWork permit number of worker
0 94226309

Signature of worker

Date (DD-MM-YYYY)



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07 Jun 2018

WORK PERMIT NUMBER

0 94226309

HELPER NAME

NIANG LAM HUAI

CURRENT EMPLOYER NAME

SHANE HAN WEI

CONSENT GIVEN FOR TRANSFER

Yes

Part II. Prospective employer

About the employer

Full name	BEINS VALBERG H ENRIETTA
Gender	Female
Date of birth	08 May 1930
Nationality	Singapore citizen
Residential status	Singapore citizen
NRIC	S0670977Z
Marital status	Widowed
Housing type	HDB 3 rooms

Contact details

Mobile number	+65 82026114
Email	martinbeins@gmail.com
Residential address	CASA CLEMENTI 421 CLEMENTI AVENUE 1 #05-379 Singapore 120421

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NIANG LAM HUAI**Part II. Declaration by employer**

I declare that:

1. 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.
2. In order for MOM to assess my application, I consent to the Government of Singapore and statutory authorities to getting from and verifying information with any person, organisation or any other source. Further, I consent to the information obtained in this process to be released to the Government of Singapore, its statutory authorities and their authorised agents.
3. 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.
4. I have obtained written consent from the foreign domestic worker to perform this transaction. I will produce this consent when requested by the authority.
5. 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.
6. I am not related to the foreign domestic worker.
7. 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.
8. 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.
9. I am aware of and shall fulfil my obligations as an employer of a foreign domestic worker under the Employment of Foreign Manpower Act (Chapter 91A) ("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
10. 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.
11. 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.
12. 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.

Name of employer

BEINS VALBERG HENRIETTA

NRIC/FIN

S0670977Z

Signature of employer

Date (DD-MM-YYYY)

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NIANG LAM HUAI**Part III. Employer's sponsor(s)****About sponsor 1**Relationship with employer **Son**Gender **Male**Nationality **Singapore citizen**NRIC **S1672597H**Full name **BEINS ALLINGTON
MARTIN**Date of birth **28 Jul 1964**Residential status **Singapore citizen**Marital status **Divorced****Contact details**Mobile number **+65 82026114**Email **martinbeins@gmail.com**

Address

**323 CLEMENTI AVENUE 5
#09-115
Singapore 120323****Part III. Declaration by sponsor(s)**

I/We declare that:

- I/We are responsible for the upkeep, maintenance and well-being of the foreign domestic worker.
- I/We remain responsible for this foreign domestic worker as long as we remain sponsor(s).
- If I/we apply for a new foreign domestic worker, MOM will take into consideration our existing responsibilities for the foreign domestic worker.
- I/We must pay the foreign domestic worker levy and all other employment related expenses on behalf of BEINS VALBERG HENRIETTA, for as long as we remain sponsor(s).

Name of sponsor 1

BEINS ALLINGTON MARTINNRIC/FIN/Passport number of sponsor 1
S1672597H

Signature of sponsor 1

Date (DD-MM-YYYY)

16/06/18

WORK PASS DIVISION
APPLICATION FOR A WORK PERMIT FOR A DOMESTIC WORKER
PART IV - TO BE COMPLETED BY CURRENT EMPLOYER WHOSE
DOMESTIC WORKER IS APPLYING FOR A CHANGE OF EMPLOYER

To:
Work Pass Division
Ministry of Manpower
18 Havelock Road
Singapore 059764

Dear Sir / Madam

CONSENT TO TRANSFER DOMESTIC WORKER

FOREIGN WORKER : NIANG LAM HUA1
WORK PERMIT NO. : 094226309
DATE OF APPLICATION : 01 Jan 2018

I, SHANE HAN WEI of IC / Passport No. 889748902
(Name of Current Employer)

Agree to release my domestic worker named above to the prospective employer,

BEINS VALBERG HENPIETTA
(Name of Prospective Employer)

Pending the outcome of the application, I undertake all the responsibilities for the employment of the said domestic worker and will extend her work permit (if necessary). If the application is not approved and I do not wish to continue her employment, I will repatriate this worker.


SIGNATURE OF CURRENT EMPLOYER



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HELPER NAME

NIANG LAM HUAI

Part V. Employment Agency

About the Employment Agency

Name **UNITED CHANNEL
EMPLOYMENT AGENCY
PTE. LT**

Licence no. **07C4306**

Telephone **+65 63448807**

Address

Part V. 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. (If more than one Employment Agency or intermediary is used, please download additional declaration sheets from MOM's website.)

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 c 91A, to the foreign employee 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.

Name of Employment Agency personnel

Employment Agency stamp

Employment Agency personnel number

Chee Mun Leong
R1100685

Signature of Employment Agency personnel

Ming Anny Cho

Date (DD-MM-YYYY)

16/06/18

