

DATE OF APPLICATION
07 Aug 2018WORK PERMIT NUMBER
0 94246334HELPER NAME
WIN KHAING

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	WIN KHAING	Date of birth	01 Jan 1989
FIN	G8594429R	Birth place	Myanmar
Work permit number	0 94246334	Religion	Buddhist
Passport number	MC771739	Ethnic group	Burmese
Passport expiry date	29 Nov 2022	8 years of formal education?	Yes
Immigration pass	Social Visit Pass	Highest education level	Secondary without spm or gce o level
Nationality	Myanmar	Marital status	Married
Gender	Female	Monthly salary	\$470
		Rest days per month	0
		Fee paid to Employment Agency by the helper	470

About the helper's spouse

Name	-
Residential status	Not a Singapore Citizen or Permanent Resident

About the employment

Employer's name	ONG BOON CHWEE
Place of employment	130 BEDOK NORTH STREET 2 #08-67 Singapore 460130



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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

WIN KHAING

Work permit number of worker

0 94246334

Signature of worker

Date (DD-MM-YYYY)



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HELPER NAME

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Part II. Prospective employer

About the employer

Full name	ONG BOON CHWEE
Gender	Male
Date of birth	01 Jan 1930
Nationality	Singapore citizen
Residential status	Singapore citizen
NRIC	S0430944H
Marital status	Widowed
Housing type	HDB 4 rooms

Contact details

Mobile number	+65 98229251
Email	ms.alisonong@gmail.com
Residential address	130 BEDOK NORTH STREET 2 #08-67 Singapore 460130



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WIN KHAING

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

ONG BOON CHWEE

NRIC/FIN

S0430944H

Signature of employer

Date (DD-MM-YYYY)



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Part III. Employer's sponsor(s)

About sponsor 1

Relationship with employer **Daughter**Gender **Female**Nationality **Singapore citizen**NRIC **S1753542J**Full name **ONG CHONG HIOK**Date of birth **26 Sep 1966**Residential status **Singapore citizen**Marital status **Single**

Contact details

Mobile number **+65 98229251**Email **ms.alisonong@gmail.com**Address
**119 BEDOK NORTH
ROAD
#10-201
Singapore 460119**

Income details

Income used for application **Single Sponsor's income**Monthly income range **\$6,000 - \$7,999**Income proof **IRAS**Sponsor 1's Singapore tax
reference number **S1753542J**

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 ONG BOON CHWEE, for as long as we remain sponsor(s).

Name of sponsor 1

ONG CHONG HIOK

NRIC/FIN/Passport number of sponsor 1

S1753542J

Signature of sponsor 1

Date (DD-MM-YYYY)



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HELPER NAME
WIN KHAING

Part IV. Employment Agency

About the Employment Agency

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

Licence no. **07C4306**

Telephone **+65 63448807**

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. (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

Signature of Employment Agency personnel

Date (DD-MM-YYYY)



Casino Self-Exclusion Application Form For Foreigners

USE BLOCK LETTERS

Personal Particulars	
Name (as in Passport)	Passport No
WIN KHAING	MC771739
Date of Birth (dd/mm/yyyy)	FIN No (if available)
01/01/1989	G8594429R
Nationality	Gender
MYANMAR	FEMALE
Contact Information (of Employer in Singapore - If available)	
Address	
130 BEDOK NORTH STREET 2 #08-67 Singapore 460130	
Contact No	Email (if available)
+65 98229251	ms.alisonong@gmail.com



Declaration for Applicant (Please Tick All Boxes)

☐ I fully understand the content and purpose of this Casino Self-Exclusion application, and that the effect of this application is that I will be excluded from entering the casinos in Singapore. I further understand that this exclusion shall take effect immediately upon my submission of this application to the National Council on Problem Gambling. I am also fully aware that if I choose to enter or remain on the Casino premises after submitting the application and take part in any gaming activities, any winnings paid or payable to me shall be forfeited, and I will not be able to lay any claim to the said winnings.

☐ I declare that this application is made voluntarily, without any force or coercion or under any duress.

☐ I understand that my application for Self-Exclusion will stay in force indefinitely, unless I apply to revoke from NCPG after a period of at least 1 year. I also understand that NCPG will provide my name and particulars to the relevant agencies and organizations under Section 168(3) of the Casino Control Act to inform them of my Self-Exclusion.

☐ I declare that the information provided by me in this application is true and correct and I furnish the information knowing that I may be liable to criminal prosecution if I have stated any information that I know to be false or do not believe to be true.

Signature

Date

PLEASE COMPLETE AND SEND THIS FORM BY HAND OR BY REGISTERED MAIL TO:

**THE NATIONAL COUNCIL ON PROBLEM GAMBLING
510 THOMSON ROAD
#05-01
SLF BUILDING
SINGAPORE 298135**

For Administrative Use only		
	Date / Time	Signature
Received by:		
Processed by:		