



DATE OF APPLICATION
11 Feb 2017

WORK PERMIT NUMBER
0 27418384

HELPER NAME
MARICEL COLMO BORRES

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



TYPE OF APPLICATION
STANDARD APPLICATION

Part I. Helper and employment

About the helper

Full name	MARICEL COLMO BORRES	Date of birth	27 Jan 1987
FIN	G2869472K	Birth place	Philippines
Work permit number	0 27418384	Religion	Christian
Passport number	EC0022508	Ethnic group	Filipino
Passport expiry date	16 Jan 2019	8 years of formal education?	Yes
Immigration pass	Not in Singapore	Highest education level	Secondary with spm or gce o level
Nationality	Filipino	Marital status	Single
Gender	Female	Monthly salary	\$550
		Rest days per month	4
		Fee paid to Employment Agency by the helper	0

About the employment

Employer's name	CAROLINE BAY HWEE PHING (CAROLINE MAI HUIBIN)
Place of employment	226 PENDING ROAD #07-187 Singapore 670226



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MARICEL COLMO BORRES**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. 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

MARICEL COLMO BORRES

Work permit number of worker

0 27418384

Signature of worker

Date (DD-MM-YYYY)



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Part II. Prospective employer

About the employer

Full name **CAROLINE BAY HWEE PHING (CAROLINE MAI HUIBIN)**

Gender **Female**

Date of birth **25 Jun 1972**

Nationality **Singapore citizen**

Residential status **Singapore citizen**

NRIC **S7224214I**

Marital status **Married**

Housing type **HDB 4 rooms**

About the employer's spouse

Full name **WONG YIK CHAI D ESMOND**

Gender **Male**

Date of birth **06 Jul 1975**

Nationality **Singapore citizen**

Residential status **Singapore citizen**

NRIC **S7519507I**

Income details

Income used for application **Employer's income**

Monthly income range **\$2,500 - \$2,999**

Income proof **NOA**

Tax reference number **S7224214I**

Annual income **300001.0**

Assessment year **2016**

Contact details

Mobile number **+65 97903075**

Email **carolinebay72@yahoo.com.sg**

Residential address **226 PENDING ROAD #07-187 Singapore 670226**

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
WONG ZI XUAN GLENYS	T0208582D	Birth Certificate	25 Mar 2002	Daughter
WONG YA XUAN GRACIA	T0411069I	Birth Certificate	02 May 2004	Daughter



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MARICEL COLMO BORRES

Part II. Declaration by employer

Part A. Conditions and regulatory conditions of work permit applicable to the employer of the foreign domestic worker

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 c 91A, 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 am not related to the foreign domestic worker.
6. 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.
7. 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.

Part B. Employment of Foreign Manpower Act (EFMA Chapter 91A), Employment of Foreign Manpower (Work Passes) Regulations (EFMR Regulation 12), Security Bond Form for Foreign Workers (Domestic and non-Domestic)

I declare that:

1a. I am aware of and shall fulfil my obligations as an employer of a foreign domestic worker under the EFMA and 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 MOM
- Inform the Controller of Work Passes in writing within seven days when her employment ends by cancelling her work permit
- Arrange and pay for her passage home, after giving her reasonable notice and paying her outstanding salary

1b. 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.

2. As for the security bond,

I declare that:

- a. I understand that the Controller of Work Passes has imposed on me a security bond for the sum of FIVE THOUSAND SINGAPORE DOLLARS (SGD\$5000) payable to the Government of the Republic of Singapore to ensure that I comply with my obligations under the EFMA and EFMR (including those in 1a above)
- b. I have furnished my security bond and 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 Singapore may forfeit the rest at a later point in time for the same breach or a different breach.

Name of employer

CAROLINE BAY HWEE PHING (CAROLINE MAI HUIBIN)

NRIC/FIN

S7224214I

Signature of employer

Date (DD-MM-YYYY)



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HELPER NAME

MARICEL COLMO BORRES

Part III. Employment Agency

About the Employment Agency

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

Licence no. **07C4306**

Telephone **+65 63448807**

Address

Part III. 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
MARICEL COLMO BORRES	EC0022508
Date of Birth (dd/mm/yyyy)	FIN No (if available)
27/01/1987	G2869472K
Nationality	Gender
FILIPINO	FEMALE
Contact Information (of Employer in Singapore - If available)	
Address	
226 PENDING ROAD #07-187 Singapore 670226	
Contact No	Email (if available)
+65 97903075	carolinebay72@yahoo.com.sg



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:		