MINISTRY OF MANPOWER

DATE OF APPLICATION	WORK PERMIT NUMBER	HELPER NAME
17 Apr 2018	0 92574970	MOE HNIN SAN

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	MOE HNIN SAN	Date of birth	03 Mar 1987
FIN	G6704938T	Birth place	Myanmar
Work permit number	0 92574970	Religion	Christian
Passport number	MC285179	Ethnic group	Burmese
Passport expiry date	24 Jul 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	Single
Gender	Female	Monthly salary	$610
		Rest days per month	0
		Fee paid to Employment Agency by the helper	610

About the employment

Employer's name	ONG LIAN TEE
Place of employment	602 BEDOK RESERVOIR ROAD #11-540 Singapore 470602

MINISTRY OF MANPOWER

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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	Work permit number of worker
MOE HNIN SAN	**0 92574970**
Signature of worker	Date (DD-MM-YYYY)
	21 APR 2018

MINISTRY OF MANPOWER

DATE OF APPLICATION	WORK PERMIT NUMBER	HELPER NAME
17 Apr 2018	0 92574970	MOE HNIN SAN

CURRENT EMPLOYER NAME	CHAN SONG KIA
CONSENT GIVEN FOR TRANSFER	Yes

Part II. Prospective employer

About the employer

Full name	ONG LIAN TEE
Gender	Female
Date of birth	06 Sep 1960
Nationality	Singapore citizen
Residential status	Singapore citizen
NRIC	S1428806F
Marital status	Married
Housing type	HDB 5 rooms

About the employer's spouse

Full name	KIONG YEONG TECK
Gender	Male
Date of birth	23 May 1955
Nationality	Singapore citizen
Residential status	Singapore citizen
NRIC	S1106193A

Income details

Income used for application	Employer's income
Monthly income range	$3,500 - $3,999
Income proof	IRAS
Tax reference number	S1428806F

Contact details

Mobile number	+65 97812596
Email	angie_0660@hotmail.com
Residential address	602 BEDOK RESERVOIR ROAD #11-540 Singapore 470602

Employer's household details

Number of family members in the household (excluding employer and spouse): **1**

Full name	ID number	ID type	Date of birth	Relationship
TSAI HUI KENG	S0635568D	Nric	27 Sep 1929	Daughter

MINISTRY OF MANPOWER

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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	NRIC/FIN
ONG LIAN TEE	**S1428806F**
Signature of employer	Date (DD-MM-YYYY)
	21 APR 2018

WORK PASS DIVISION
APPLICATION FOR AWORK 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 : moe Hnin San
WORK PERMIT NO. : 0 93574970
DATE OF APPLICATION : 17-04-2018

I, Chan Song Kia of IC / Passport No. S1533796F
(Name of Current Employer)

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

ONG LIAN TEE S1428806F
(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

MINISTRY OF MANPOWER

DATE OF APPLICATION	WORK PERMIT NUMBER	HELPER NAME
17 Apr 2018	0 92574970	MOE HNIN SAN

Part III. Helper's current employer

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

I, CHAN SONG KIA (Name of Current Employer) of IC / FIN S1533796F agree to release my foreign domestic worker named above to the prospective employer, ONG LIAN TEE (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	Date (DD-MM-YYYY)
	21 APR 2018

NCPG
NATIONAL COUNCIL
ON PROBLEM GAMBLING

09257497019870303

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

21-04-2018
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:		

NCPG
NATIONAL COUNCIL
ON PROBLEM GAMBLING

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Casino Self-Exclusion Application Form For Foreigners

USE BLOCK LETTERS

Personal Particulars	
Name (as in Passport)	Passport No
MOE HNIN SAN	MC285179
Date of Birth (dd/mm/yyyy)	FIN No (if available)
03/03/1987	G6704938T
Nationality	Gender
MYANMAR	FEMALE
Contact Information (of Employer in Singapore - If available)	
Address	
602 BEDOK RESERVOIR ROAD #11-540 Singapore 470602	
Contact No	Email (if available)
+65 97812596	angie_0660@hotmail.com