



DATE OF APPLICATION 10 Dec 2018

WORK PERMIT NUMBER

0 04874188

HELPER NAME
LILIS SRI RAHAYU

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 LILIS SRI RAHAYU

FIN G7537702P

Work permit number 0 04874188

Passport number AT278884

Passport expiry date

14 Oct 2019

Nationality Indonesian

Gender Female

Date of birth 08 Mar 1984
Birth place Indonesia

Religion Muslim

Ethnic group Other indonesian

8 years of formal education? Ye

Highest education level

el Secondary with spm or

gce o level

Single

Marital status

salary \$600

Monthly salary \$

4

Fee paid to Employment

Agency by the helper

Rest days per month

600

About the employment

Employer's name

AW MUI KEE

Place of employment

29D JALAN HAJI SALAM Singapore 468820





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HELPER NAME LILIS SRI RAHAYU

Part I. Declaration by foreign domestic worker

I declare that:

10 Dec 2018

- 1. I have read and understood the conditions of work permit, which are set out in the Employment of Foreign Manpower (Work Passes) Regulations
- 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 understand I have the option to set up a POSB bank account to receive my salary and get a free Centre for Domestic Employees (CDE) membership. If I choose to set up my POSB bank account and CDE membership, I confirm that I:
 - a. Have given my employer my written consent to submit my bank account application and any declarations to POSB
 - b. Have provided true and correct information to my employer for the bank account application
 - c. Allow the Ministry of Manpower to send my personal details to POSB and CDE
 - d. Allow CDE to use and store my personal details and contact me about my membership and participation in activities
- 6. 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
- 7. 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

Name of worker

LILIS SRI RAHAYU

Signature of worker

Chronoff

Work permit number of worker

0 04874188

Date (DD-MM-YYYY)

16 DEC 2018





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HELPER NAME LILIS SRI RAHAYU

CURRENT EMPLOYER NAME

YAP SIEW MOI

CONSENT GIVEN FOR TRANSFER

Yes

Part II. Prospective employer

About the employer

About the employer's spouse

Full name AW MUI KEE

Female

25 Nov 1955

Residential status

Gender

NRIC

Date of birth

Nationality

Singapore citizen

Singapore citizen S1182453F

Marital status

Married

Housing type

Landed property

Full name

CHEW KONG HUAT

Gender

Male

Date of birth

10 Jul 1955

Nationality

Singapore citizen

Residential status

Singapore citizen

NRIC

S1128487F

Contact details

Mobile number

+65 96348296

Email

AWMUIKEE@GMAIL.COM

Residential address

29D JALAN HAJI SALAM

Singapore 468820

Employer's household details

Number of family members in the household (excluding employer and spouse): 4

Full name	ID number	ID type	Date of birth	Relationship
CHEW CHEE HOCK JEFFERY	S8312480F	Nric	20 Apr 1983	Son
CHEW HUI NA EILEEN	S9205961H	Nric	18 Feb 1992	Daughter
CATHERINE CHEW HUI YU	S9034134J	Nric	17 Sep 1990	Daughter
CHEW HUI FANG	S8429632E	Nric	05 Oct 1984	Daughter





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HELPER NAME LILIS SRI RAHAYU

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.
- 3. 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.
- 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
- 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 (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
- 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.

Name of employer

AW MUI KEE

Signature of employer

NRIC/FIN S1182453F

Date (DD-MM-YYYY)

1 6 DEC 2018

Date:			
To: Work Permit Department Minstry Of Manpower 18 Havelock Road Singapore 059764			
Dear Sir / Madam			
CONSENT TO TRANSFER FO	REIGN DOMESTIC WORKER		
FOREIGN DOMESTIC WORKER	LILIS SRI RAHAYU		
WORK PERMIT	0 04874188		
DATE OF APPLICATION	lo DEC 2018		
1, <u>Yap Siew Moi</u> (Name of Current Employer)	of NRIC / Passport No \$\int 00931526		
Agree to release my Foreign Domes	tic Worker named above to the prospective employer		
AW MUI KEE			
(Name of Prospective Employer)			
Pending the outcome of the application of the said Foreign Demostic Works	on, I undertake all responsibilities for the employment		

of the said Foreign Domestic Worker and will extend her work permit (if necessary).

If the application is not approved, I will repatriate this worker.





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HELPER NAME LILIS SRI RAHAYU

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.

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

Name of Employment Agency personnel

Employment Agency personnel number

Palma Sharon Asuncion R1105865

Signature of Employment Agency personnel

Date (DD-MM-YYYY)

16 DEC 2018