



Application for a Domestic Helper - 0 94860946 | 02 Mar 2020

DATE OF APPLICATION

02 Mar 2020

WORK PERMIT NUMBER

0 94860946

HELPER NAME

ZIN ZIN HTWE

To be signed by the various parties and uploaded when you get the pass issued



TYPE OF APPLICATION
STANDARD APPLICATION

Part I. Helper and employment

About the helper

Full name	ZIN ZIN HTWE	Date of birth	28 Jan 1996
FIN	-	Birth place	Myanmar
Work permit number	0 94860946	Religion	Buddhist
Passport number	MF026007	Ethnic group	Burmese
Passport expiry date	05 Feb 2025	8 years of formal education?	Yes
Immigration pass	Not in Singapore	Highest education level	Secondary without spm or gce o level
Nationality	Myanmar	Marital status	Single
Gender	Female	Monthly salary	\$460
		Rest days per month	0
		Fee paid to Employment Agency by the helper	460

About the employment

Employer's name	HO NGAN FOONG
Place of employment	122 SIMEI STREET 1 #03-432 Singapore 520122



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ZIN ZIN HTWE

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 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 work pass mobile application.
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 documents.

Name of worker

ZIN ZIN HTWE

Work permit number of worker

0 94860946

Signature of worker

Date (DD-MM-YYYY)

16/3/2020



DECLARATION FORM FOR APPLICATION FOR A DOMESTIC HELPER WORK PASS (DP) - PART I

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HELPER NAME

ZIN ZIN HTWE

Part II. Prospective employer

About the employer

Full name	HO NGAN FOONG
Gender	Female
Date of birth	06 Mar 1960
Nationality	Singapore citizen
Residential status	Singapore citizen
NRIC	SXXXX122F
Marital status	Married
Housing type	HDB 5 rooms

About the employer's spouse

Full name	CHAN PANG KEEN
Gender	Male
Date of birth	21 Sep 1956
Nationality	Singapore citizen
Residential status	Singapore citizen
NRIC	SXXXX938G

Income details

Income used for application	Employer's income
Monthly income range	\$4,000 - \$4,999
Income proof	IRAS
Tax reference number	SXXXX122F

Contact details

Mobile number	+65 91278778
Email	jun90zy@gmail.com
Residential address	122 SIMEI STREET 1 #03-432 Singapore 520122

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
MAK YEE	SXXXX092D	Nric	01 Jan 1922	Parent In Law
CHAN ZI JUN	SXXXX670I	Nric	11 Apr 1990	Child





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HELPER NAME
ZIN ZIN HTWE

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. I consent to the Government of Singapore and statutory authorities to obtain and verify information, including information relating to my medical condition, with any person, organisation or any other source, and retain such information for the purpose of assessing my suitability as an employer of foreign domestic worker(s). Further, I consent to the information obtained in this process to be released to the Government of Singapore, its statutory authorities and any 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 authentic documents.
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
HO NGAN FOONG

NRIC/FIN
SXXXX122F

Signature of employer



Handwritten signature in blue ink

Date (DD-MM-YYYY)

Handwritten date: 20/3/20



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HELPER NAME

ZIN ZIN HTWE

Part III. Employment Agency**About the Employment Agency**

Name **UNITED CHANNEL SERVICES PTE. LTD.**
Licence no. **11C4954**
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.

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 personnel number

Soh Geok Sian
R1100683

Signature of Employment Agency personnel

Date (DD-MM-YYYY)

7/3/2020



Casino Self-Exclusion Application Form For Foreigners

USE BLOCK LETTERS

Personal Particulars	
Name (as in Passport)	Passport No
ZIN ZIN HTWE	MF026007
Date of Birth (dd/mm/yyyy)	FIN No (if available)
28/01/1996	N.A.
Nationality	Gender
MYANMAR	FEMALE
Contact Information (of Employer in Singapore - If available)	
Address	
122 SIMEI STREET 1 #03-432 Singapore 520122	
Contact No	Email (if available)
+65 91278778	jun90zy@gmail.com