

DATE OF APPLICATION
11 Apr 2018WORK PERMIT NUMBER
0 92994589HELPER NAME
WAI WAI TUN

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	WAI WAI TUN	Date of birth	25 Nov 1988
FIN	G2152182K	Birth place	Myanmar
Work permit number	0 92994589	Religion	Buddhist
Passport number	MA809021	Ethnic group	Others
Passport expiry date	21 Sep 2019	8 years of formal education?	Yes
Immigration pass	Not in Singapore	Highest education level	Secondary with spm or gce o level
Nationality	Myanmar	Marital status	Single
Gender	Female	Monthly salary	\$540
		Rest days per month	0
		Fee paid to Employment Agency by the helper	540

About the employment

Employer's name	LORRAINE SEAH KAR BIN
Place of employment	NEE SOON CENTRAL VIEW 652 YISHUN AVENUE 4 #04-509 Singapore 760652



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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
WAI WAI TUN

Work permit number of worker
0 92994589

Signature of worker

Date (DD-MM-YYYY)



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HELPER NAME
WAI WAI TUN

Part II. Prospective employer

About the employer

Full name **LORRAINE SEAH KAR BIN**
 Gender **Female**
 Date of birth **14 Oct 1971**
 Nationality **Singapore citizen**
 Residential status **Singapore citizen**
 NRIC **S7137266I**
 Marital status **Married**
 Housing type **HDB 5 rooms**

About the employer's spouse

Full name **LYE YANG SUAH**
 Gender **Male**
 Date of birth **24 Oct 1972**
 Nationality **Singapore citizen**
 Residential status **Singapore citizen**
 NRIC **S7239327I**

Contact details

Mobile number **+65 96571737**
 Email **seahkb@yahoo.com.sg**
 Residential address **NEE SOON CENTRAL VIEW
 652 YISHUN AVENUE 4
 #04-509
 Singapore 760652**

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
sam sou yu	S0055814A	Nric	27 Jan 1947	Mother
isis lye	T0706912F	Nric	15 Mar 2007	Daughter
isaac lye	T0329350A	Nric	21 Oct 2003	Son
irvin lye	T0137733C	Nric	03 Dec 2001	Son



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WAI WAI TUN

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

LORRAINE SEAH KAR BIN

NRIC/FIN

S7137266I

Signature of employer

Date (DD-MM-YYYY)



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HELPER NAME

WAI WAI TUN

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
WAI WAI TUN	MA809021
Date of Birth (dd/mm/yyyy)	FIN No (if available)
25/11/1988	G2152182K
Nationality	Gender
MYANMAR	FEMALE
Contact Information (of Employer in Singapore - If available)	
Address	
NEE SOON CENTRAL VIEW 652 YISHUN AVENUE 4 #04-509 Singapore 760652	
Contact No	Email (if available)
+65 96571737	seahkb@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:		