



DATE OF APPLICATION

08 Aug 2018

WORK PERMIT NUMBER

0 93520971

HELPER NAME HTAR HTAR WAI

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

HTAR HTAR WAI Full name

> G2556010N FIN

Work permit number

0 93520971

Passport number

MA601346

Passport expiry date

26 Mar 2019

Immigration pass

Social Visit Pass

Nationality

Myanmar

Gender

Female

25 Apr 1987 Date of birth

Birth place

Myanmar

Religion

Buddhist

Ethnic group

Others

8 years of formal education?

Yes

Highest education level

Secondary without spm

or gce o level

Marital status

Single

Monthly salary

\$520

Rest days per month

Agency by the helper

0

Fee paid to Employment

520

About the employment

Employer's name

YAP TEONG KEAT

Place of employment

1 BROADRICK CLOSE Singapore 439518





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HELPER NAME
HTAR HTAR WAI

Part I. Declaration by foreign domestic worker

I declare that:

- 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 employment, I also consent for the Government of Singapore and its statutory authorities to obtain from and verify employment, I also consent for the Government of Singapore and its statutory authorities to display my employment information on the MOM's
- 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
- 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

HTAR HTAR WAI

Signature of worker

Work permit number of worker

15/08/18

0 93520971

Date (DD-MM-YYYY)

Ministry of Manpower Work Pass Division
Web http://www.mom.gov.sg/contact





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HELPER NAME HTAR HTAR WAI

Part II. Prospective employer

About the employer

About the employer's spouse

Full name

YAP TEONG KEAT

Full name

KOH LING HONG

Gender

Male

Gender

Female

Date of birth

14 Aug 1959

Date of birth

24 Feb 1956

Nationality

Singapore citizen

Nationality

Singapore citizen

Residential status

Singapore citizen

Landed property

NRIC

S1394315Z

Residential status

Singapore citizen

Marital status

Married

NRIC

S1150326H

Housing type

Contact details

Mobile number

+65 96280624

Email

jillkoh24@gmial.com

Residential address

1 BROADRICK CLOSE

Singapore 439518

Employer's household details

Number of family members in the household (excluding employer and spouse): ${f 1}$

TAY AH KIM	S0321074Z	Nric	22 Jan 1936	Mother
Full name	ID number	ID type	Date of birth	Relationship





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HELPER NAME HTAR HTAR WAI

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
- 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

YAP TEONG KEAT

NRIC/FIN

S1394315Z

Signature of employer

Date (DD-MM-YYYY)

Ministry of Manpower Work Pass Division Web http://www.mom.gov.sg/contact us http://www.mom.gov.sg/contact





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HELPER NAME HTAR HTAR WAI

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

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

Employment Agency stamp

Signature of Employment Agency personnel

Date (DD-MM-YYYY)