

DATE OF APPLICATION 08 Oct 2018

WORK PERMIT NUMBER

0 9304438-

HELPER NAME KHIN THAN HTAY

To be signed by the various parties and uploaded as part of the issuance process



26 Feb 1980

Myanmar

Buddhist

Chinese

Secondary without spm

Yes

540

TYPE OF APPLICATION STANDARD APPLICATION

Part I. Helper and employment

About the helper

KHIN THAN HTAY Full name

G21792900

FIN Work permit number 0 9304438-

Passport number

Passport expiry date 02 Jun 2020

Immigration pass Current Workpass Holder Myanmar

Nationality

Gender Female

MA838318 Ethnic group

8 years of formal education?

Highest education level

or gce o level Marital status Married

Monthly salary \$540

Date of birth

Birth place

Religion

Rest days per month 4

Fee paid to Employment

Agency by the helper

About the employment

Name

Residential status

About the helper's spouse

Not a Singapore Citizen or Permanent Resident

Employer's name

Place of employment

SHASHIDARAN SIO DAMODARAN

LUXUS HILLS

63 SELETAR GREEN WALK

Singapore 805234



DATE OF APPLICATION

WORK PERMIT NUMBER

0 9304438-

HELPER NAME KHIN THAN HTAY

Part I. Declaration by foreign domestic worker

I declare that:

08 Oct 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

KHIN THAN HTAY

Signature of worker

HHay

Work permit number of worker

0 9304438-

Date (DD-MM-YYYY)

11.10.2018



08 Oct 2018

...

DATE OF APPLICATION

WORK PERMIT NUMBER

0 9304438-

HELPER NAME
KHIN THAN HTAY

CURRENT EMPLOYER NAME

TAN BEE HONG

CONSENT GIVEN FOR TRANSFER

Yes

Part II. Prospective employer

About the employer

Full name SHASHIDARAN S/O

DAMODARAN

Gender Male

Date of birth 24 May 1977

Nationality Singapore citizen

Residential status Singapore citizen

NRIC **S7715065Z**

Marital status Single

Housing type Landed property

Income details

Contact details

Income used for application E

Employer's income

Monthly income range

\$3,000 - \$3,499

Income proof

IRAS

Tax reference number

S7715065Z

Mobile number

+65 82923434

Email

shashidaran@yahoo.com

.sg

Residential address

LUXUS HILLS 63 SELETAR GREEN

WALK

Singapore 805234



DATE OF APPLICATION

WORK PERMIT NUMBER

0 9304438-

HELPER NAME KHIN THAN HTAY

Part II. Declaration by employer

I declare that:

08 Oct 2018

- 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
 - 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
- 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

SHASHIDARAN S/O DAMODARAN

Signature of employ

NRIC/FIN

S7715065Z

Date (DD-MM-YYYY)

11-10-2018

Date: 0.7 OCT 2018	
Date: 07 001 2010	
To: Work Permit Department Minstry Of Manpower 18 Havelock Road	
Singapore 059764	
Dear Sir / Madam	
CONSENT TO TRANSFER FORE	IGN DOMESTIC WORKER
FOREIGN DOMESTIC WORKER	KHIN THAN HTAY
WORK PERMIT	09304438
DATE OF APPLICATION	08.10.2018
I, TAN BEE HONG (Name of Current Employer)	f NRIC / Passport No S 5 8 4 2 3 8
Agree to release my Foreign Domestic Worker named above to the prospective employer	
Shashidaran So Damodaran (Name of Prospective Employer)	
Pending the outcome of the application, 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.	

Signature of Current Employer



DATE OF APPLICATION

WORK PERMIT NUMBER

08 Oct 2018

0 9304438-

HELPER NAME KHIN THAN HTAY

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

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

Palma Sharon Asuncion R1105865

Signature of Employment Agency personi

Date (DD-MM-YYYY)

11.10.2018