



DATE OF APPLICATION

11 Apr 2019

WORK PERMIT NUMBER

0 28006365

HELPER NAME

ARGUELLES RUTCHEL ALCALDE

**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            | <b>ARGUELLES RUTCHEL ALCALDE</b> | Date of birth                               | <b>18 Aug 1982</b>                          |
| FIN                  | -                                | Birth place                                 | <b>Philippines</b>                          |
| Work permit number   | <b>0 28006365</b>                | Religion                                    | <b>Others</b>                               |
| Passport number      | <b>P0869793B</b>                 | Ethnic group                                | <b>Filipino</b>                             |
| Passport expiry date | <b>28 Feb 2029</b>               | 8 years of formal education?                | <b>Yes</b>                                  |
| Immigration pass     | <b>Not in Singapore</b>          | Highest education level                     | <b>Secondary without spm or gce o level</b> |
| Nationality          | <b>Filipino</b>                  | Marital status                              | <b>Married</b>                              |
| Gender               | <b>Female</b>                    | Monthly salary                              | <b>\$570</b>                                |
|                      |                                  | Rest days per month                         | <b>4</b>                                    |
|                      |                                  | Fee paid to Employment Agency by the helper | <b>1140</b>                                 |

### About the helper's spouse

|                    |                                                      |
|--------------------|------------------------------------------------------|
| Name               | -                                                    |
| Residential status | <b>Not a Singapore Citizen or Permanent Resident</b> |

### About the employment

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| Employer's name     | <b>ONG JUAN NANG SHEILA</b>                                                  |
| Place of employment | <b>WATERSIDE, THE<br/>3 TANJONG RHU ROAD<br/>#18-02<br/>Singapore 436881</b> |



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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](http://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

ARGUELLES RUTCHEL ALCALDE

Work permit number of worker

0 28006365

Signature of worker

Date (DD-MM-YYYY)



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HELPER NAME

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## Part II. Prospective employer

### About the employer

|                    |                          |
|--------------------|--------------------------|
| Full name          | ONG JUAN NANG SHEILA     |
| Gender             | Female                   |
| Date of birth      | 19 Aug 1950              |
| Nationality        | Singapore citizen        |
| Residential status | Singapore citizen        |
| NRIC               | S0189778J                |
| Marital status     | Married                  |
| Housing type       | Private flat / Apartment |

### About the employer's spouse

|                    |                   |
|--------------------|-------------------|
| Full name          | U KHIN MAUNG MIN  |
| Gender             | Male              |
| Date of birth      | 14 Jun 1947       |
| Nationality        | Singapore citizen |
| Residential status | Singapore citizen |
| NRIC               | S2579451F         |

### Contact details

|                     |                                                                    |
|---------------------|--------------------------------------------------------------------|
| Mobile number       | +65 94790206                                                       |
| Email               | captkhin@gmail.com                                                 |
| Residential address | WATERSIDE, THE<br>3 TANJONG RHU ROAD<br>#18-02<br>Singapore 436881 |



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## 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](http://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 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

ONG JUAN NANG SHEILA

NRIC/FIN

S0189778J

Signature of employer

Date (DD-MM-YYYY)



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### 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.**

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

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           |
| ARGUELLES RUTCHEL ALCALDE                                          | P0869793B             |
| Date of Birth (dd/mm/yyyy)                                         | FIN No (if available) |
| 18/08/1982                                                         | N.A.                  |
| Nationality                                                        | Gender                |
| FILIPINO                                                           | FEMALE                |
| Contact Information (of Employer in Singapore - If available)      |                       |
| Address                                                            |                       |
| WATERSIDE, THE<br>3 TANJONG RHU ROAD<br>#18-02<br>Singapore 436881 |                       |
| Contact No                                                         | Email (if available)  |
| +65 94790206                                                       | captkhin@gmail.com    |



**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:               |             |           |