



WORK PERMIT NUMBER

HELPER NAME

12 Jun 2018

0 27736114

**BALANA CHONA LOPEZ** 

# 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

**BALANA CHONA LOPEZ** Full name

Work permit number

0 27736114

Passport number

22 Aug 2022 Passport expiry date

FIN

Immigration pass

Nationality

Gender

G8617942W

P4128562A

**Current Workpass Holder** 

**Filipino** 

**Female** 

Date of birth 29 Nov 1987

Birth place

**Philippines** 

Religion

Christian **Filipino** 

Ethnic group

Yes

8 years of formal education? Highest education level

Secondary without spm or gce o level

Marital status

Monthly salary

Single \$570

Rest days per month

Fee paid to Employment

Agency by the helper

4 570

# About the employment

Employer's name

**GONZALEZ AILEEN** 

**BANTUG** 

Place of employment

**BELVIA** 

748A BEDOK RESERVOIR CRESCENT

#15-61

Singapore 471748





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**BALANA CHONA LOPEZ** 

#### 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.
- 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

BALANA CHONA LOPEZ

Signature of worker

Date (DD-MM-YYYY)

\(\frac{\psi\_06}{\psi\_8}\)



12 Jun 2018



DATE OF APPLICATION

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0 27736114

HELPER NAME

**BALANA CHONA LOPEZ** 

CURRENT EMPLOYER NAME

KOH SUAY LAY

CONSENT GIVEN FOR TRANSFER

Yes

## Part II. Prospective employer

# About the employer

## About the employer's spouse

**GONZALEZ AILEEN** Full name

BANTUG

**Female** 

Date of birth

Gender

03 Jan 1979

Nationality

**Filipino** 

Residential status

Singapore PR

NRIC Marital status S7962282F Married

Housing type

**HDB 5 rooms** 

Full name

FOO JONG TSAIR (FU

YONGCAI)

Gender Male

05 Jun 1974 Date of birth

Nationality

Residential status

Singapore citizen Singapore citizen

NRIC

S7417610J

#### Income details

#### Contact details

Income used for application

Employer's income

Mobile number

+65 81444538

Monthly income range

\$3,500 - \$3,999

Email

aileen.foo@outlook.com

Income proof

Tax reference number

NOA

Residential address

748A BEDOK RESERVOIR CRESCENT

Annual income

S7962282F 46639.0

#15-61

**BELVIA** 

2017 Assessment year

Singapore 471748

#### 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
FOO SWAN ZEE TSAIKI JADE (FU CHUANYU)	T1338265J	Birth Certificate	04 Nov 2013	Daughter
FOO SWAN SEE TALIYAH GONZALEZ (FU CHUANXI)	T1808182I	Birth Certificate	12 Mar 2018	Daughter





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**BALANA CHONA LOPEZ** 

#### 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

NRIC/FIN

**GONZALEZ AILEEN BANTUG** 

S7962282F

Signature of employer

Date (DD-MM-YYYY)

14/06/18

# WORK PASS DIVISION APPLICATION FOR AWORK PERMIT FOR A DOMESTIC WORKER PART IV – TO BE COMPLETED BY CURRENT EMPLOYER WHOSE DOMESTIC WORKER IS APPLYING FOR A CHANGE OF EMPLOYER

To: Work Pass Division Ministry of Manpower 18 Havelock Road Singapore 059764

Dear Sir / Madam

# CONSENT TO TRANSFER DOMESTIC WORKER

FOREIGN WORKER	: Ms	Chona Lopez Bala	ina		
WORK PERMIT NO.		027736114			
DATE OF APPLICATION		021136114			
DATE OF APPLICATION	•	2,06.7018			
KALL O AN	1 !				
I, KOH SUAY	LAY	-f10 / P	8017/6700		
(Name of Current Employer)		of IC / Passport No	501766704		
( Employer)					
Agree to release my domestic	Workerno	mod about a			
domostic	worker ma	med above to the prospective em	plover.		
C 1 A=1			, , ,		
Gonzalez Aileen Bantino	1				
(Name of Prospective Employer)	}				
(Table of Frospective Employer)					

Pending the outcome of the application, I undertake all the responsibilities for the employment of the said domestic worker and will extend her work permit (if necessary). If the application is not approved and I do not wish to continue her employment, I will repatriate this worker.

D.

SIGNATURE OF CURRENT EMPLOYER





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0 27736114

**BALANA CHONA LOPEZ** 

#### Part IV. Employment Agency

## **About the Employment Agency**

Name

UNITED CHANNEL EMPLOYMENT AGENCY

ion Asuncion

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 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** 

Lic. No.

Employment Agency personnel number 5865

Signature of Employment Agency personnel

Date (DD-MM-YYYY)

14/06/18