



# 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 **BAWI NEI KIM** Date of birth 26 Oct 1993 FIN G8507457T Birth place Myanmar 0 94102901 Christian Religion Work permit number MC108414 **Burmese** Passport number Ethnic group 30 Mar 2022 Yes 8 years of formal education? Passport expiry date **Current Workpass Holder** Secondary without spm Immigration pass Highest education level or gce o level Myanmar Nationality Single Marital status **Female** Gender \$430 Monthly salary

Rest days per month 0
Fee paid to Employment 430
Agency by the helper

#### About the employment

Employer's name SOH SIAK JOO

Place of employment 331 SERANGOON

**AVENUE 3** #12-345

Singapore 550331





#### 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. 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  BAWI NEI KIM	Work permit number of worker 0 94102901
Signature of worker	Date (DD-MM-YYYY)





CURRENT EMPLOYER NAME TAN CHIANG YOON

CONSENT GIVEN FOR TRANSFER Yes

#### Part II. Prospective employer

#### About the employer

#### About the employer's spouse

Full name SOH SIAK JOO Full name YEO EE LEE

Gender Male Gender Female
ate of birth 05 Nov 1947

Date of birth 05 Nov 1947

Date of birth 05 Nov 1947 Date of birth 05 Nov 1947

Nationality Singapore citizen Nationality Singapore citizen

Residential status Singapore citizen Residential status Singapore citizen

NRIC **S0137973I** NRIC **S2011739G** 

Married Married

Housing type HDB 5 rooms

#### Income details Contact details

Income used for application **Employer's income** Mobile number +65 96870455

Monthly income range \$4,000 - \$4,999 Email nafnix@hotmail.com

Income proof Others Residential address 331 SERANGOON AVENUE 3

#12-345

Singapore 550331





DATE OF APPLICATION

WORK PERMIT NUMBER

HELPER NAME

16 Aug 2017

0 94102901

**BAWI NEI KIM** 

#### 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 am not related to the foreign domestic worker.
- 6. 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.
- 7. 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.
- 8. 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
- 9. 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.
- 10. 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.
- 11. 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 SOH SIAK JOO	NRIC/FIN S0137973I
Signature of employer	Date (DD-MM-YYYY)





#### Part III. Helper's current employer

## Part III. Declaration by current employer whose foreign domestic worker is applying for a change of employer

I,  $\underline{\mathsf{TAN}}$  CHIANG YOON (Name of Current Employer) of IC / FIN  $\underline{\mathsf{S2569011G}}$  agree to release my foreign domestic worker named above to the prospective employer,  $\underline{\mathsf{SOH}}$  SIAK  $\underline{\mathsf{JOO}}$  (Name of Prospective Employer).

Until the transfer is successful, I remain responsible for this foreign domestic worker. In the meantime, if the work permit of this foreign domestic worker is expiring, I will either apply to extend her work permit or send her back to her home country.

Signature of current employer	Date (DD-MM-YYYY)





#### **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 the employer. (If more than one Employment Agency or intermediary is used, please download additional declaration sheets from MOM's website.)

I declare that:

- ${\bf 1.}\ \ {\bf I}\ {\bf am}\ {\bf the}\ {\bf Employment}\ {\bf Agency}\ {\bf personnel}\ {\bf handling}\ {\bf this}\ {\bf application}.$
- 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		
BAWI NEI KIM	MC108414		
Date of Birth (dd/mm/yyyy)	FIN No (if available)		
26/10/1993	G8507457T		
Nationality	Gender		
MYANMAR	FEMALE		
Contact Information (of Employer in Singapore - If available)			
Address			
331 SERANGOON AVENUE 3 #12-345 Singapore 550331			
Contact No	Email (if available)		
+65 96870455	nafnix@hotmail.com		

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Processed by:



<u>Declaration for the contract of the contract </u>	or App	olicant (F	<u>Please Tic</u>	<u>k All</u>	Boxes)

<u>Declaration for Applicant (Please Tick All Boxes</u>	<u>s)</u>	
I fully understand the content and purpose of to is that I will be excluded from entering the casinos immediately upon my submission of this application choose to enter or remain on the Casino premises winnings paid or payable to me shall be forfeited, a	in Singapore. I further understand that this n to the National Council on Problem Gam after submitting the application and take p	s exclusion shall take effect nbling. I am also fully aware that if I part in any gaming activities, any
I declare that this application is made voluntar	ily, without any force or coercion or under	any duress.
I understand that my application for Self-Exclusion a period of at least 1 year. I also understand that N organizations under Section 168(3) of the Casino C	CPG will provide my name and particular	s to the relevant agencies and
I declare that the information provided by me in that I may be liable to criminal prosecution if I have	• •	
Signature	Date	
PLEASE COMPLETE AND SEND THIS FORM BY	<u>' HAND</u> OR <u>BY REGISTERED MAIL</u> TO:	
THE NATIONAL COUNCIL ON PROBLEM GAMB 510 THOMSON ROAD #05-01 SLF BUILDING SINGAPORE 298135	BLING	
For Administrative Use only		
	Date / Time	Signature
Received by:		

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