MINISTRY OF MANPOWER

DATE OF APPLICATION	WORK PERMIT NUMBER	HELPER NAME
25 Oct 2017	**0 93669517**	**SAPAL MYAING**

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	**SAPAL MYAING**
FIN	**G2675964T**
Work permit number	**0 93669517**
Passport number	**MB157505**
Passport expiry date	**31 May 2020**
Immigration pass	**Social Visit Pass**
Nationality	**Myanmar**
Gender	**Female**
Date of birth	**09 Oct 1975**
Birth place	**Myanmar**
Religion	**Buddhist**
Ethnic group	**Burmese**
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	**0**
Fee paid to Employment Agency by the helper	**520**

About the employment

Employer's name	**TAN JEE KHENG**
Place of employment	**224 SIMEI STREET 4 #04-114 Singapore 520224**

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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
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	Work permit number of worker
SAPAL MYAING	**0 93669517**
Signature of worker	Date (DD-MM-YYYY)

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Part II. Prospective employer

About the employer

Full name	**TAN JEE KHENG**
Gender	**Female**
Date of birth	**28 Nov 1940**
Nationality	**Singapore citizen**
Residential status	**Singapore citizen**
NRIC	**S2049516B**
Marital status	**Married**
Housing type	**HDB 5 rooms**

About the employer's spouse

Full name	**TAN HENG POH**
Gender	**Male**
Date of birth	**14 Jun 1940**
Nationality	**Singapore citizen**
Residential status	**Singapore citizen**
NRIC	**S1072498H**

Income details

Income used for application	**Employer's income**
Monthly income range	**$4,000 - $4,999**
Income proof	**Others**

Contact details

Mobile number	**+65 97710663**
Email	**tang1413@hotmail.com**
Residential address	**224 SIMEI STREET 4 #04-114 Singapore 520224**

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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	NRIC/FIN
TAN JEE KHENG	**S2049516B**
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. (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
Employment Agency personnel number	
Signature of Employment Agency personnel	Date (DD-MM-YYYY)

NATIONAL COUNCIL ON PROBLEM GAMBLING

09366951719751009

Casino Self-Exclusion Application Form For Foreigners

USE BLOCK LETTERS

Personal Particulars	
Name (as in Passport)	Passport No
SAPAL MYAING	MB157505
Date of Birth (dd/mm/yyyy)	FIN No (if available)
09/10/1975	G2675964T
Nationality	Gender
MYANMAR	FEMALE
Contact Information (of Employer in Singapore - If available)	
Address	
224 SIMEI STREET 4 #04-114 Singapore 520224	
Contact No	Email (if available)
+65 97710663	tang1413@hotmail.com

NATIONAL COUNCIL ON PROBLEM GAMBLING

09366951719751009

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:		