

DATE OF APPLICATION
20 Jan 2017WORK PERMIT NUMBER
0 08491224HELPER NAME
NADIYATUSOLIKAH BT DASUKI KAMTYPE OF APPLICATION
STANDARD APPLICATION

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

Part I. Helper and employment

About the helper

Full name	NADIYATUSOLIKAH BT DASUKI KAM	Date of birth	09 Feb 1983
FIN	G2615595P	Birth place	Indonesia
Work permit number	0 08491224	Religion	Muslim
Passport number	AT320845	Ethnic group	Javanese
Passport expiry date	24 Oct 2019	8 years of formal education?	Yes
Immigration pass	Social Visit Pass	Highest education level	Secondary without spm or gce o level
Nationality	Indonesian	Marital status	Married
Gender	Female	Monthly salary	\$550
		Rest days per month	0
		Fee paid to Employment Agency by the helper	550

About the helper's spouse

Name	-
Residential status	Not a Singapore Citizen or Permanent Resident

About the employment

Employer's name	JAMES LEE KIM BENG
Place of employment	EUNOS DAMAI VILLE 654 JALAN TENAGA #05-70 Singapore 410654



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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 domestic worker 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

NADIYATUSOLIKAH BT DASUKI KAM

Work permit number of worker

0 08491224

Signature of worker

Date (DD-MM-YYYY)



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Part II. Prospective employer

About the employer

Full name **JAMES LEE KIM BENG**
Gender **Male**
Date of birth **28 Jul 1986**
Nationality **Singapore citizen**
Residential status **Singapore citizen**
NRIC **S8670807H**
Marital status **Married**
Housing type **HDB 4 rooms**

About the employer's spouse

Full name **JENNY HADY KURNIALIM**
Gender **Female**
Date of birth **12 Apr 1986**
Nationality **Singapore citizen**
Residential status **Singapore citizen**
NRIC **S8679161G**

Income details

Income used for application **Employer's income**
Monthly income range **\$15,000 - \$19,999**
Income proof **NOA**
Tax reference number **S8670807H**
Annual income **203732.0**
Assessment year **2016**

Contact details

Mobile number **+65 98467283**
Email **MARYLJH@HOTMAIL.COM**
Residential address **EUNOS DAMAI VILLE
654 JALAN TENAGA
#05-70
Singapore 410654**

Employer's household details

Number of family members in the household (excluding employer and spouse): **3**

Full name	ID number	ID type	Date of birth	Relationship
GENEVIEVE LEE DONG QIAN	T1402784F	Birth Certificate	20 Jan 2014	Daughter
JAMES LEE DONG XUAN	T1134037C	Birth Certificate	04 Nov 2011	Daughter
JACQUELINE LEE DONG YI	T1626188I	Birth Certificate	12 Aug 2016	Daughter



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Part II. Declaration by employer

Part A. Conditions and regulatory conditions of work permit applicable to the employer of the foreign domestic worker

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 c 91A, 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 in Singapore before) has had a minimum of eight years of formal education and has educational certificates as documentary proof of this.
4. I declare that 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.

Part B. Employment of Foreign Manpower Act (EFMA Chapter 91A), Employment of Foreign Manpower (Work Passes) Regulations (EFMR Regulation 12), Security Bond Form for Foreign Workers (Domestic and non-Domestic)

I declare that:

1a. I am aware of and shall fulfil my obligations as an employer of a foreign domestic worker under the EFMA and EFMR which includes the following:

- Pay her salary promptly
- Pay for her upkeep and maintenance, including medical treatment
- Provide acceptable accommodation for her
- 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
- Take her to the Controller of Work Passes when required by MOM
- Inform the Controller of Work Passes in writing within seven days when her employment ends by cancelling her work permit
- Arrange and pay for her passage home, after giving her reasonable notice and paying her outstanding salary

1b. 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.

2. As for the security bond,

I declare that:

- a. I understand that the Controller of Work Passes has imposed on me a security bond for the sum of FIVE THOUSAND SINGAPORE DOLLARS (SGD\$5000) payable to the Government of the Republic of Singapore to ensure that I comply with my obligations under the EFMA and EFMR (including those in 1a above)
- b. I have furnished my security bond and I understand that if I breach any of my obligations as an employer of a foreign domestic worker, my Security Bond may be forfeited fully or in part. I also understand that 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.

Name of employer

JAMES LEE KIM BENG

NRIC/FIN

S8670807H

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 in Singapore before) has had a minimum of eight years of formal education and has educational certificates as documentary proof of this.
3. I declare that 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
NADIYATUSOLIKAH BT DASUKI KAM	AT320845
Date of Birth (dd/mm/yyyy)	FIN No (if available)
09/02/1983	G2615595P
Nationality	Gender
INDONESIAN	FEMALE
Contact Information (of Employer in Singapore - If available)	
Address	
EUNOS DAMAI VILLE 654 JALAN TENAGA #05-70 Singapore 410654	
Contact No	Email (if available)
+65 98467283	MARYLJH@HOTMAIL.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:		