

DATE OF APPLICATION
17 Jan 2017WORK PERMIT NUMBER
0 93620534HELPER NAME
POE EI EI ZAR

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	POE EI EI ZAR
FIN	G2635131L
Work permit number	0 93620534
Passport number	MB102658
Passport expiry date	07 Apr 2020
Immigration pass	Social Visit Pass
Nationality	Myanmar
Gender	Female

Date of birth	29 May 1985
Birth place	Myanmar
Religion	Buddhist
Ethnic group	Others
8 years of formal education?	Yes
Highest education level	Secondary with spm or gce o level
Marital status	Married
Monthly salary	\$430
Rest days per month	0
Fee paid to Employment Agency by the helper	430

About the helper's spouse

Name	-
Residential status	Not a Singapore Citizen or Permanent Resident

About the employment

Employer's name	YANG JIE
Place of employment	344 UBI AVENUE 1 #06-1109 Singapore 400344



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POE EI EI ZAR

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
POE EI EI ZAR

Work permit number of worker
0 93620534

Signature of worker

Date (DD-MM-YYYY)



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HELPER NAME

POE EI EI ZAR

Part II. Prospective employer

About the employer

Full name **YANG JIE**
 Gender **Female**
 Date of birth **29 Oct 1975**
 Nationality **Singapore citizen**
 Residential status **Singapore citizen**
 NRIC **S7561245A**
 Marital status **Married**
 Housing type **HDB 4 rooms**

About the employer's spouse

Full name **ZHOU WENXIANG**
 Gender **Male**
 Date of birth **14 Apr 1974**
 Nationality **Chinese**
 Residential status **Singapore PR**
 NRIC **S7462523A**

Income details

Income used for application **Employer's income**
 Monthly income range **\$6,000 - \$7,999**
 Income proof **NOA**
 Tax reference number **S7561245A**
 Annual income **96840.0**
 Assessment year **2016**

Contact details

Mobile number **+65 96273789**
 Email **lagy@sohu.com**
 Residential address **344 UBI AVENUE 1
 #06-1109
 Singapore 400344**

Employer's household details

Number of family members in the household (excluding employer and spouse): **1**

Full name	ID number	ID type	Date of birth	Relationship
ZHOU YANXIN	T1007517Z	Birth Certificate	21 Mar 2010	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
YANG JIE

NRIC/FIN
S7561245A

Signature of employer

Date (DD-MM-YYYY)



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HELPER NAME
POE EI EI ZAR

Part III. Employment Agency

About the Employment Agency

Name **UNITED CHANNEL
SERVICES PTE. LTD.**
Licence no. **11C4954**
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
POE EI EI ZAR	MB102658
Date of Birth (dd/mm/yyyy)	FIN No (if available)
29/05/1985	G2635131L
Nationality	Gender
MYANMAR	FEMALE
Contact Information (of Employer in Singapore - If available)	
Address	
344 UBI AVENUE 1 #06-1109 Singapore 400344	
Contact No	Email (if available)
+65 96273789	lagy@sohu.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:		