



DATE OF APPLICATION

01 Jul 2018

WORK PERMIT NUMBER

0 93581792

HELPER NAME

ZAR ZAR LIN

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	ZAR ZAR LIN	Date of birth	05 Aug 1980
FIN	G2602868Q	Birth place	Myanmar
Work permit number	0 93581792	Religion	Buddhist
Passport number	MB020728	Ethnic group	Others
Passport expiry date	12 Feb 2020	8 years of formal education?	Yes
Immigration pass	Social Visit Pass	Highest education level	Secondary with spm or gce o level
Nationality	Myanmar	Marital status	Married
Gender	Female	Monthly salary	\$500
		Rest days per month	4
		Fee paid to Employment Agency by the helper	500

About the helper's spouse

Name	-
Residential status	Not a Singapore Citizen or Permanent Resident

About the employment

Employer's name	ZHANG YUFEI
Place of employment	40 SIMS DRIVE #09-213 Singapore 380040



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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. 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.
6. 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

ZAR ZAR LIN

Work permit number of worker

0 93581792

Signature of worker

Date (DD-MM-YYYY)



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Part II. Prospective employer**About the employer**

Full name **ZHANG YUFEI**
Gender **Male**
Date of birth **14 Jan 1988**
Nationality **Singapore citizen**
Residential status **Singapore citizen**
NRIC **S8877156G**
Marital status **Married**
Housing type **HDB 4 rooms**

About the employer's spouse

Full name **LI YANYAN**
Gender **Female**
Date of birth **26 Jun 1988**
Nationality **Chinese**
Residential status **Singapore PR**
NRIC **S8873885C**

Contact details

Mobile number **+65 98739907**
Email **yufeizhang88@aviynn.com**
Residential address **40 SIMS DRIVE
#09-213
Singapore 380040**

Employer's household detailsNumber of family members in the household (excluding employer and spouse): **1**

Full name	ID number	ID type	Date of birth	Relationship
ZHANG ZIZHUO ANTONIO	T1716497F	Birth Certificate	08 Jun 2017	Son



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ZAR ZAR LIN

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

ZHANG YUFEI

NRIC/FIN

S8877156G

Signature of employer

Date (DD-MM-YYYY)

01/07/18



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HELPER NAME

ZAR ZAR LIN

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 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)