



DATE OF APPLICATION

24 Jul 2018

WORK PERMIT NUMBER

0 24517780

HELPER NAME

RHOBETH DUMANACAL ALIPAO

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	RHOBETH DUMANACAL ALIPAO	Date of birth	01 Dec 1979
FIN	G8160224M	Birth place	Philippines
Work permit number	0 24517780	Religion	Christian
Passport number	EC1828977	Ethnic group	Filipino
Passport expiry date	06 Aug 2019	8 years of formal education?	Yes
Immigration pass	Not in Singapore	Highest education level	Post secondary
Nationality	Filipino	Marital status	Single
Gender	Female	Monthly salary	\$600
		Rest days per month	4
		Fee paid to Employment Agency by the helper	0

About the employment

Employer's name	XU FENFEN
Place of employment	HILLTOPS 99 CAIRNHILL CIRCLE #04-02 Singapore 229808



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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

RHOBETH DUMANACAL ALIPAO

Work permit number of worker

0 24517780

Signature of worker

Date (DD-MM-YYYY)

06/08/18



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Part II. Prospective employer

About the employer

Full name **XU FENFEN**
 Gender **Female**
 Date of birth **30 May 1981**
 Nationality **Chinese**
 Residential status **Singapore PR**
 NRIC **S8173035J**
 Marital status **Married**
 Housing type **Private flat / Apartment**

About the employer's spouse

Full name **LIN QI**
 Gender **Male**
 Date of birth **01 Nov 1981**
 Nationality **Chinese**
 Residential status **Others**
 FIN
 Passport number **E91070078**
 Passport expiry date **28 Dec 2026**

Contact details

Mobile number **+65 85991617**
 Email **FENFENXU@126.COM**
 Residential address **HILLTOPS
99 CAIRNHILL CIRCLE
#04-02
Singapore 229808**

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
LIN LI	T1808691Z	Birth Certificate	11 Mar 2018	Son



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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 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

XU FENFEN

NRIC/FIN

S8173035J

Signature of employer

Date (DD-MM-YYYY)

06/08/18

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0 24517780HELPER NAME
RHOBETH DUMANACAL ALIPAO**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

Huang Yuling
R1658004



Signature of Employment Agency personnel

Date (DD-MM-YYYY)

06/08/18



Use this form to undertake that you are aware of your pass holder's medical condition

UNDERTAKING BY EMPLOYER

I am aware that ALIPAO RHOBETH DUMANACAL (pass holder's name),

G8160224M (FIN) / 24-Jul-2018 (date of application), who is employed as a

DOMESTIC HELPER (pass holder's occupation) has

Hypertension (on BP medication) (medical condition indicated in the full medical

examination form) and I declare that I still wish to employ him/her.

Employer / Authorised representative to complete:

Name: XU FENFEN

NRIC: S8173035J

Designation: Employer

Signature: 

Organisation name (if applicable):

Organisation stamp:



*If you do not have a stamp, please attach a letter using your company letterhead to confirm that this representative is authorised.

24 06 08 20 18 (DD-MM-YYYY)

IMPORTANT

If the medical condition stated above is colour blindness, the organisation will not be allowed to engage the pass holder in job activities that involve electrical works and driving (all class types).