MINISTRY OF MANPOWER

DATE OF APPLICATION	WORK PERMIT NUMBER	HELPER NAME
26 Sep 2018	0 94453003	KAY ZAR TUN

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

TYPE OF APPLICATION
SPONSOR APPLICATION

Part I. Helper and employment

About the helper

Full name	**KAY ZAR TUN**
FIN	**-**
Work permit number	**0 94453003**
Passport number	**MD572361**
Passport expiry date	**12 Sep 2023**
Immigration pass	**Not in Singapore**
Nationality	**Myanmar**
Gender	**Female**
Date of birth	**15 Jul 1989**
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	**$450**
Rest days per month	**0**
Fee paid to Employment Agency by the helper	**450**

About the employment

Employer's name	**IRENE NG KIM KEE**
Place of employment	**268 TAMPINES STREET 21 #10-243 Singapore 520268**

MINISTRY OF MANPOWER

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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	Work permit number of worker
KAY ZAR TUN	**0 94453003**
Signature of worker	Date (DD-MM-YYYY)

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Part II. Prospective employer

About the employer

Full name	**IRENE NG KIM KEE**
Gender	**Female**
Date of birth	**15 Nov 1952**
Nationality	**Singapore citizen**
Residential status	**Singapore citizen**
NRIC	**S0097549D**
Marital status	**Divorced**
Housing type	**HDB 4 rooms**

Contact details

Mobile number	**+65 83386397**
Email	**diana_keng@yahoo.com.sg**
Residential address	**268 TAMPINES STREET 21 #10-243 Singapore 520268**

Employer's household details

Number of family members in the household (excluding employer and spouse): **2**

Full name	ID number	ID type	Date of birth	Relationship
POH SANN YEUNG LAYEONA	**T1513815C**	**Birth Certificate**	**07 May 2015**	**Granddaughter**
POH SANN YOUNG DAYENUS	**T0911744F**	**Birth Certificate**	**25 Apr 2009**	**Granddaughter**

MINISTRY OF MANPOWER

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Part II. Declaration by employer

I declare that:

1. I do not have any medical condition(s) that will impair my ability to supervise and ensure the well-being of my foreign domestic worker.
2. 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.
3. 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.
4. 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.
5. I have obtained written consent from the foreign domestic worker to perform this transaction. I will produce this consent when requested by the authority.
6. 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.
7. I am not related to the foreign domestic worker.
8. 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.
9. 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.
10. 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
11. 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.
12. 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.
13. 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
IRENE NG KIM KEE	**S0097549D**
Signature of employer	Date (DD-MM-YYYY)

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Part III. Employer's sponsor(s)

About sponsor 1

Relationship with employer	**Son**	Full name	**POH LIP KEONG DAVE (FU LIQIANG)**
Gender	**Male**	Date of birth	**08 Mar 1976**
Nationality	**Singapore citizen**	Residential status	**Singapore citizen**
NRIC	**S7607105E**	Marital status	**Married**

About sponsor 1's spouse

Full name	**LIM HUI SIANG LINDA (LIN HUICHANG)**	Gender	**Female**
		Date of birth	**12 Jun 1976**
Nationality	**Singapore citizen**	Residential status	**Singapore citizen**
NRIC	**S7617438E**		

Contact details

Mobile number	**+65 83386397**	Email	**diana_keng@yahoo.com.sg**
Address	**BELYSA 57 PASIR RIS DRIVE 1 #04-07 Singapore 519531**		

Part III. Declaration by sponsor(s)

I/We declare that:

a. I/We are responsible for the upkeep, maintenance and well-being of the foreign domestic worker.
b. I/We remain responsible for this foreign domestic worker as long as we remain sponsor(s).
c. If I/we apply for a new foreign domestic worker, MOM will take into consideration our existing responsibilities for the foreign domestic worker.
d. I/We must pay the foreign domestic worker levy and all other employment related expenses on behalf of IRENE NG KIM KEE, for as long as we remain sponsor(s).

Name of sponsor 1	NRIC/FIN/Passport number of sponsor 1
POH LIP KEONG DAVE (FU LIQIANG)	**S7607105E**
Signature of sponsor 1	Date (DD-MM-YYYY)

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Part IV. Employment Agency

About the Employment Agency

Name	**UNITED CHANNEL EMPLOYMENT AGENCY PTE. LT**
Licence no.	**07C4306**
Telephone	**+65 63448807**
Address	

Part IV. 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.

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 personnel number
Signature of Employment Agency personnel	Date (DD-MM-YYYY)

NATIONAL COUNCIL ON PROBLEM GAMBLING

09445300319890715

Casino Self-Exclusion Application Form For Foreigners

USE BLOCK LETTERS

Personal Particulars	
Name (as in Passport)	Passport No
KAY ZAR TUN	MD572361
Date of Birth (dd/mm/yyyy)	FIN No (if available)
15/07/1989	N.A.
Nationality	Gender
MYANMAR	FEMALE
Contact Information (of Employer in Singapore - If available)	
Address	
268 TAMPINES STREET 21 #10-243 Singapore 520268	
Contact No	Email (if available)
+65 83386397	diana_keng@yahoo.com.sg

NATIONAL COUNCIL ON PROBLEM GAMBLING

09445300319890715

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:		