



DATE OF APPLICATION

18 Dec 2019

WORK PERMIT NUMBER

0 09217258

HELPER NAME

BIBIT JUMININGSIH

**To be signed by the various parties and uploaded when you get the pass issued**



TYPE OF APPLICATION  
SPONSOR APPLICATION

## Part I. Helper and employment

### About the helper

Full name	<b>BIBIT JUMININGSIH</b>	Date of birth	<b>07 Sep 1977</b>
FIN	<b>G8569489N</b>	Birth place	<b>Indonesia</b>
Work permit number	<b>0 09217258</b>	Religion	<b>Muslim</b>
Passport number	<b>B7938098</b>	Ethnic group	<b>Other Indonesian</b>
Passport expiry date	<b>03 Oct 2022</b>	8 years of formal education?	<b>Yes</b>
Immigration pass	<b>Not in Singapore</b>	Highest education level	<b>Secondary without spm or gce o level</b>
Nationality	<b>Indonesian</b>	Marital status	<b>Married</b>
Gender	<b>Female</b>	Monthly salary	<b>\$600</b>
		Rest days per month	<b>0</b>
		Fee paid to Employment Agency by the helper	<b>600</b>

### About the helper's spouse

Name	-
Residential status	<b>Not a Singapore Citizen or Permanent Resident</b>

### About the employment

Employer's name	<b>TEY GOK LIAN @ NG GOK LIAN</b>
Place of employment	<b>221 BISHAN STREET 23 #03-183 Singapore 570221</b>



DATE OF APPLICATION

**18 Dec 2019**

WORK PERMIT NUMBER

**0 09217258**

HELPER NAME

**BIBIT JUMININGSIH****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](http://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 understand I have the option to set up a POSB bank account to receive my salary and get a free Centre for Domestic Employees (CDE) membership. If I choose to set up my POSB bank account and CDE membership, I confirm that I:
  - a. Have given my employer my written consent to submit my bank account application and any declarations to POSB
  - b. Have provided true and correct information to my employer for the bank account application
  - c. Allow the Ministry of Manpower to send my personal details to POSB and CDE
  - d. Allow CDE to use and store my personal details and contact me about my membership and participation in activities
6. 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.
7. 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

**BIBIT JUMININGSIH**

Work permit number of worker

**0 09217258**

Signature of worker

Date (DD-MM-YYYY)



DATE OF APPLICATION

18 Dec 2019

WORK PERMIT NUMBER

0 09217258

HELPER NAME

BIBIT JUMININGSIH

## Part II. Prospective employer

### About the employer

Full name	TEY GOK LIAN @ NG GOK LIAN
Gender	Female
Date of birth	18 Sep 1941
Nationality	Singapore citizen
Residential status	Singapore citizen
NRIC	SXXXX473E
Marital status	Widowed
Housing type	HDB 5 rooms

### Contact details

Mobile number	+65 96628438
Email	nicoletan00@yahoo.com .sg
Residential address	221 BISHAN STREET 23 #03-183 Singapore 570221



DATE OF APPLICATION

18 Dec 2019

WORK PERMIT NUMBER

0 09217258

HELPER NAME

BIBIT JUMININGSIH

## 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](http://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 understand my foreign domestic worker has the option to set up a POSB bank account to receive her salary. If she chooses to set up her POSB bank account, I confirm that I:
  - a. Have obtained her written consent to submit her bank account application and any declarations to POSB
  - b. Have checked with her on the accuracy of her details for the bank account application
  - c. Allow the Ministry of Manpower to send my personal details and contact information to POSB
6. I have obtained written consent from the foreign domestic worker to perform this transaction. I will produce this consent when requested by the authority.
7. 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.
8. I am not related to the foreign domestic worker.
9. 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.
10. 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.
11. 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
12. 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.
13. 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.
14. 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

TEY GOK LIAN @ NG GOK LIAN

NRIC/FIN

SXXXX473E

Signature of employer

Date (DD-MM-YYYY)



DATE OF APPLICATION

18 Dec 2019

WORK PERMIT NUMBER

0 09217258

HELPER NAME

BIBIT JUMININGSIH

**Part III. Employer's sponsor(s)****About sponsor 1**Relationship with employer **Daughter**Gender **Female**Nationality **Singapore citizen**NRIC **SXXXX904F**Full name **TAN LIANG LIANG  
(CHEN LING LING)**Date of birth **10 Jun 1969**Residential status **Singapore citizen**Marital status **Married****About sponsor 1's spouse**Full name **ONG SZE KID**Date of birth **29 Jul 1968**Residential status **Singapore PR**Gender **Male**Nationality **Malaysian**NRIC **SXXXX186Z****Contact details**Mobile number **+65 96628438**Email **nicoletan00@yahoo.com.sg**Address **296B COMPASSVALE  
CRESCENT****Singapore 542296****Part III. Declaration by sponsor(s)**

I/We declare that:

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

Name of sponsor 1

**TAN LIANG LIANG (CHEN LING LING)**

NRIC/FIN/Passport number of sponsor 1

**SXXXX904F**

Signature of sponsor 1

Date (DD-MM-YYYY)



DATE OF APPLICATION

18 Dec 2019

WORK PERMIT NUMBER

0 09217258

HELPER NAME

BIBIT JUMININGSIH

## 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)



## Casino Self-Exclusion Application Form For Foreigners

USE BLOCK LETTERS

Personal Particulars	
Name (as in Passport)	Passport No
BIBIT JUMININGSIH	B7938098
Date of Birth (dd/mm/yyyy)	FIN No (if available)
07/09/1977	G8569489N
Nationality	Gender
INDONESIAN	FEMALE
Contact Information (of Employer in Singapore - If available)	
Address	
221 BISHAN STREET 23 #03-183 Singapore 570221	
Contact No	Email (if available)
+65 96628438	nicoletan00@yahoo.com.sg



**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:		