

DATE OF APPLICATION  
13 May 2018WORK PERMIT NUMBER  
0 94140927HELPER NAME  
HAY MAN TUN

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	HAY MAN TUN	Date of birth	13 Sep 1993
FIN	G8527359R	Birth place	Myanmar
Work permit number	0 94140927	Religion	Buddhist
Passport number	MC065585	Ethnic group	Burmese
Passport expiry date	14 Mar 2022	8 years of formal education?	Yes
Immigration pass	Current Workpass Holder	Highest education level	Secondary without spm or gce o level
Nationality	Myanmar	Marital status	Single
Gender	Female	Monthly salary	\$430
		Rest days per month	4
		Fee paid to Employment Agency by the helper	0

### About the employment

Employer's name	BAY WENG TAT
Place of employment	DOVER VILLE 23 DOVER CRESCENT #03-382 Singapore 130023



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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](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 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

HAY MAN TUN

Work permit number of worker

0 94140927

Signature of worker

Tun

Date (DD-MM-YYYY)

16.05.2018





DATE OF APPLICATION	WORK PERMIT NUMBER	HELPER NAME
13 May 2018	0 94140927	HAY MAN TUN

CURRENT EMPLOYER NAME	YUAN FANG
CONSENT GIVEN FOR TRANSFER	Yes

## Part II. Prospective employer

### About the employer

Full name	BAY WENG TAT
Gender	Male
Date of birth	18 Apr 1978
Nationality	Singapore citizen
Residential status	Singapore citizen
NRIC	S7810034F
Marital status	Married
Housing type	HDB 4 rooms

### About the employer's spouse

Full name	LIM SOO CHING
Gender	Female
Date of birth	15 Oct 1975
Nationality	Malaysian
Residential status	Singapore PR
NRIC	S7580301Z

### Income details

Income used for application	Employer's income
Monthly income range	\$3,000 - \$3,499
Income proof	NOA
Tax reference number	S7810034F
Annual income	38020.0
Assessment year	2018

### Contact details

Mobile number	+65 87771510
Email	denise_lsc@hotmail.com
Residential address	DOVER VILLE 23 DOVER CRESCENT #03-382 Singapore 130023

### 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
BAY XIN YI	T0519560D	Birth Certificate	26 Jun 2005	Daughter
BAY XIN YA	T1428112B	Birth Certificate	09 Sep 2014	Daughter



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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](http://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

BAY WENG TAT

NRIC/FIN

S7810034F

Signature of employer

Date (DD-MM-YYYY)

16.05.2018



WORK PASS DIVISION  
APPLICATION FOR A WORK PERMIT FOR A DOMESTIC WORKER  
PART IV - TO BE COMPLETED BY CURRENT EMPLOYER WHOSE  
DOMESTIC WORKER IS APPLYING FOR A CHANGE OF EMPLOYER

To:  
Work Pass Division  
Ministry of Manpower  
18 Havelock Road  
Singapore 059764

Dear Sir / Madam

CONSENT TO TRANSFER DOMESTIC WORKER

FOREIGN WORKER : HAY MAN TUN  
WORK PERMIT NO. : D 94140927  
DATE OF APPLICATION : 13.05.2018

I, Yuan Fang of IC / Passport No. S7962863H  
(Name of Current Employer)

Agree to release my domestic worker named above to the prospective employer,

Bay Weng Tat  
(Name of Prospective Employer)

Pending the outcome of the application, I undertake all the responsibilities for the employment of the said domestic worker and will extend her work permit (if necessary). If the application is not approved and I do not wish to continue her employment, I will repatriate this worker.

  
SIGNATURE OF CURRENT EMPLOYER





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**Part III. Helper's current employer****Part III. Declaration by current employer whose foreign domestic worker is applying for a change of employer**

I, YUAN FANG (Name of Current Employer) of IC / FIN S7962863H agree to release my foreign domestic worker named above to the prospective employer, BAY WENG TAT (Name of Prospective Employer).

Until the transfer is successful, I remain responsible for this foreign domestic worker. In the meantime, if the work permit of this foreign domestic worker is expiring, I will either apply to extend her work permit or send her back to her home country.

Signature of current employer

Date (DD-MM-YYYY)





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HELPER NAME

HAY MAN TUN

**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. (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

**Palma Sharon Asuncion  
R1105865**

Employment Agency personnel number

**Palma Sharon Asuncion  
R1105865**

Signature of Employment Agency personnel

Employment Agency stamp



Date (DD-MM-YYYY)

**16.05.2018**