



## Work Pass Division

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# Employment Pass / S Pass Application Form (Form 8)

This form may require you to take 30 minutes to fill in.  
You will need the following information to fill it:

- The applicant's Foreign Identification Number (if applicable)
- The applicant's Work Permit Number (if applicable)
- The applicant's old/new Malaysian Identity Number (if applicable)
- The applicant's Malaysian International Passport Number (applicable to Malaysian only)
- The applicant's educational qualification and work experience details
- The applicant's spouse personal particulars (if accompanying spouse is a Singapore citizen / Permanent Resident / Employment Pass / S Pass or Work Permit holder)
- The applicant's spouse educational qualification (if applicable)
- The employing company's Unique Entity Number (UEN)
- The employing company's Registration No. (ACRA) <if applicable>
- If you wish to be considered for an S Pass, you will need the employing company's CPF Submission Number (CSN)

### Note:

- An administrative fee of \$10 will be charged for every Employment/S Pass application submitted. Please submit your application and make the fee payment over the counters at any SingPost post office (MOM's appointed collecting agent). Payment can be made via cash, Cashcard or NETS.

There shall be no refund of fees paid for the application of Employment Pass/S Pass, unless the fee was not due from the employer. Any such request for refund shall be at the discretion of the Controller of Work Passes.

- MOM regularly updates its forms. The copy that you have downloaded more than 30 days ago may be outdated, and may not be used. To ensure that you use the latest version, please download the latest copy at <http://www.mom.gov.sg>



**FORM 8  
APPLICATION FOR AN EMPLOYMENT / S PASS**

*Affix a recent  
passport-sized  
photograph here*

**INSTRUCTIONS:**

1. For \*, please tick (✓) where appropriate.
2. Indicate "Not applicable" or "N.A." where necessary. Do not leave any blank.
3. Please note that the processing time will take about 5 weeks.  
You may check your application status online  
(<http://www.mom.gov.sg>>Services & Forms>Employment Pass>Application Status Check).
4. Please submit this completed application form over the counters at any SingPost post office.

<b>For official use only:</b>		
<i>Date of Application:</i>	<i>Officer ID:</i>	<i>Remarks:</i>

<b>PART 1 – EMPLOYING COMPANY DETAILS</b>																			
<b>1A: Employing Company General Information</b>																			
Name of Employing Company/Society/Organization:																			
Unique Entity Number (UEN):																			
Registration No. (ACRA):																			
Company's Email:																			
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Tel Number	Fax Number	Mobile Number																	
Correspondence Address:																			
Postal Code:	Block/House No:	Floor No:	Unit No:																
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>				
Street Name: _____																			
Building Name: _____																			

<b>1B: Financial &amp; Other Information</b>											
Paid-up Capital (S\$):											
Value of Turnover of the Company in the past 3 years:											
(1) _____ :S\$ _____ <i>(Year)</i>	(2) _____ :S\$ _____ <i>(Year)</i>	(3) _____ :S\$ _____ <i>(Year)</i>									
Total Number of Employees:		Local <i>(Singapore Citizen/PR)</i>	Foreign								
		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>				



**4A: Personal Particulars (continue)**

Nationality:

For Malaysian only:  
 Malaysian Old Identity Card Number:   
 Malaysian New Identity Card Number:   
 Malaysian Identity Card Colour:\*  Blue  Pink

Country of Birth:   
 State/Province of Birth:   
 Country of Origin:  
*(country where the person obtained his first citizenship by birth or parentage)*  
  
  
 State of Origin:  
 Race:\*  Caucasian  Chinese  Indian  Malay  Others  
 Religion:\*  Buddhist  Christian  Free Thinker  Hindu  Muslim  
 Others  Sikh  Taoist

*If applicant's Marital Status is 'Married', please fill in the details below.*  
 Is accompanying spouse a Singapore Citizen or Singapore Permanent Resident, Employment/S Pass holder or Work Permit holder?\*  Yes  No

Name of Spouse:

Spouse's FIN / NRIC No.:  Spouse Identification Type:\*  FIN  NRIC

Spouse's Date of Birth:  -  -   
*(DD-MM-YYYY)*

**4B: Travel Document Information**

Travel Document Type:\*  Hong Kong Special Admin Region  International Cert of Identity  
 International Passport  Macau SAR Travel Permit

Travel Document No:

Date of Issue:  -  -  Date of Expiry:  -  -   
*(DD-MM-YYYY)* *(DD-MM-YYYY)*

**4C: Residential Address in Singapore**  
*(Please note that if the residential address is currently not available, the employing company address will be used for this application. You can update the Ministry of Manpower subsequently once the residential address is available.)*

Postal Code:  Block/House No:  Floor No:  Unit No:

Street Name: \_\_\_\_\_  
 Building Name: \_\_\_\_\_

<b>PART 5 – APPLICANT’S EDUCATION / MEMBERSHIP DETAILS</b> <i>(Please fill in the two highest qualifications that were awarded to the applicant. Please note that qualification is a key criterion in the assessment of the applicant’s eligibility for a work pass and should be provided where applicable)</i>	
<b>5A: Education Details (1)</b>	
Awarding Body /Institution/ University awarded the qualification	
Country:	
State/Province:	
Name:	
Main Campus or Affiliating College Attended: <i>(Applicable only for India qualification)</i>	
Qualifications# <i>(e.g. for Honours Degree, state class/division; Diploma):</i>	
Faculty <i>(e.g. Engineering):</i>	
Specialisation <i>(e.g. Civil engineering):</i>	
Mode of Study:* <input type="checkbox"/> Distance Learning <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Period of Study: <i>(DD-MM-YYYY)</i> From <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Has the applicant submitted supporting documents for this qualification before?* <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Education Details (2)</b>	
Awarding Body /Institution/ University awarded the qualification	
Country:	
State/Province:	
Name:	
Main Campus or Affiliating College Attended: <i>(Applicable only for India qualification)</i>	
Qualifications# <i>(e.g. for Honours Degree, state class/division; Diploma):</i>	
Faculty <i>(e.g. Engineering):</i>	
Specialisation <i>(e.g. Civil engineering):</i>	
Mode of Study:* <input type="checkbox"/> Distance Learning <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Period of Study: <i>(DD-MM-YYYY)</i> From <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Has the applicant submitted supporting documents for this qualification before?* <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b># Please complete the relevant information below if the qualification is STPM or MICSS</b>	
<b>Sijil Tinggi Persekolahan Malaysia (STPM):</b>	
No. of Passes attained: <i>(Inclusive of General Studies/Pengajian Am)</i>	<input type="text"/> <input type="text"/> Principal pass-C <input type="text"/> <input type="text"/> Subsidiary pass-R
Has the applicant attained a pass in General Studies/Pengajian AM?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Malaysia Independence Chinese Secondary School (MICSS) United Examination Certificate:</b>	
No. of passes attained: <i>(Inclusive of Bahasa Inggeris/English language)</i>	<input type="text"/> <input type="text"/>
Has the applicant attained a pass in Bahasa Inggeris / English Language?*	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>5B: Societies/Organisations Membership</b> <i>(Past five years to date)</i>	
<b>Society/Organisation Membership (1)</b>	
Name of Society/Organization:	
Position Held:* <input type="checkbox"/> Chairman <input type="checkbox"/> Member <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Vice Chairman <input type="checkbox"/> Vice President	
Period: <i>(DD-MM-YYYY)</i> From <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

<b>Society/Organisation Membership (2)</b>	
Name of Society/Organization:	
Position Held:* <input type="checkbox"/> Chairman <input type="checkbox"/> Member <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Vice Chairman <input type="checkbox"/> Vice President	
Period: <i>(DD-MM-YYYY)</i> From <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

**PART 6 – APPLICANT’S SPOUSE EDUCATION DETAILS**  
*(To be completed if the work pass applicant’s marital status in Part 4A is ‘Married’)*

**Applicant’s Spouse Educational Details (1)**

Awarding Body /Institution/ University awarded the qualification

Country:

State/Province:

Name:

Main Campus or Affiliating College Attended:  
*(Applicable only for India qualification)*

Qualifications# (e.g. for Honours Degree, state class/division; Diploma):

Faculty (e.g. Engineering):

Specialisation (e.g. Civil engineering):

Mode of Study:\*  Distance Learning  Full-Time  Part-Time

Period of Study: From   -   -     To   -   -

*(DD-MM-YYYY)*

**Applicant’s Spouse Educational Details (2)**

Awarding Body /Institution/ University awarded the qualification

Country:

State/Province:

Name:

Main Campus or Affiliating College Attended:  
*(Applicable only for India qualification)*

Qualifications# (e.g. for Honours Degree, state class/division; Diploma):

Faculty (e.g. Engineering):

Specialisation (e.g. Civil engineering):

Mode of Study:\*  Distance Learning  Full-Time  Part-Time

Period of Study: From   -   -     To   -   -

*(DD-MM-YYYY)*

**# Please complete the relevant information below if the qualification is STPM or MICSS**

**Sijil Tinggi Persekolahan Malaysia (STPM):**

No. of Passes attained:   Principal pass-C   Subsidiary pass-R  
*(Inclusive of General Studies/Pengajian Am)*

Has the applicant’s spouse attained a pass in General Studies/Pengajian AM?\*  Yes  No

**Malaysia Independence Chinese Secondary School (MICSS) United Examination Certificate:**

No. of passes attained:    
*(Inclusive of Bahasa Inggeris/English language)*

Has the applicant’s spouse attained a pass in Bahasa Inggeris / English Language?\*  Yes  No

**PART 7 – APPLICANT’S EMPLOYMENT DETAILS**

**7A: Working Experience of Applicant**  
*(Start with the latest working experience)*

Total Period of Working Experience: \_\_\_\_\_ Years \_\_\_\_\_ Months

Total Period of Relevant Working Experience: \_\_\_\_\_ Years \_\_\_\_\_ Months  
*(relevant to the occupation declared in Part 6C)*

Period (DD-MM-YYYY)		Name of Company	Occupation	Country	Last Drawn Monthly Salary (S\$)
From	To				

<b>7B: Salary Details</b> <i>(Please refer to the MOM website (<a href="http://www.mom.gov.sg">http://www.mom.gov.sg</a>) for more information on basic and fixed monthly salary)</i>			
Salary Payable by:*	<input type="checkbox"/> Both local and overseas	<input type="checkbox"/> Local	<input type="checkbox"/> Overseas
<i>As specified in Employment Contract</i>			
Fixed Monthly Salary:	<b>S\$</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
Basic Monthly Salary	<b>S\$</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00

<b>7C: Address and Duties to be Performed</b>			
Occupation: _____ <i>(Refer to the List of Standard Occupation before you fill in the "Occupation" field. If the occupation you indicate cannot be found in the list, a close match will be assigned by WPD. For any subsequent amendments to this assigned occupation, you will have to withdraw the existing application and submit a new application. An administrative fee of \$10 will be charged upon submission.)</i>			
Is your business entity an Employment Agency/Headhunter firm or does it supply labour to other business entities in the course of conducting its business?*			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, will the applicant be deployed to work for another employer so as to supplement that other employer's manpower resources?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Address where applicant's duties are to be performed			
Postal Code:	Block/House No:	Floor No:	Unit No:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Street Name: _____			
Building Name: _____			
<i>For S Pass Applicant: Please note that the S Pass Card will show the Employing Company's address registered with the Central Provident Fund Board (CPF Board), MOM's appointed agent to collect foreign worker levy.</i>			
National Environment Agency Licence Type:*	<input type="checkbox"/> Foodstall <i>(e.g. hawker stall)</i>	<input type="checkbox"/> Cold Drink Shop <i>(e.g. pub)</i>	<input type="checkbox"/> Foodshop <i>(e.g. restaurant)</i>
<i>(For Food Establishment only)</i>			
Did you source for this applicant with Contact Singapore's assistance?*			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Employment Pass Eligibility Certificate Reference Number: _____			

<b>7D: Vetting Agency/Professional Body/Accreditation Agency Support</b>			
Has this application obtained support from the relevant vetting Agency(s)/Professional Body(s)/Accreditation Agency(s)?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If 'Yes', please select from the followings. (Please select one or more Vetting Agencies if the applicant has obtained support from any of the Vetting Agencies listed. Please note that the applicant must produce documentary proof of support from the agencies concerned together with this application.)</i>			
Vetting Agency:	<input type="checkbox"/> Attorney-General's Chamber	<input type="checkbox"/> Registrar of Pharmacy Board	
	<input type="checkbox"/> Singapore Nursing Board	<input type="checkbox"/> Singapore Dental Council	
	<input type="checkbox"/> IE Singapore (Rep Office)	<input type="checkbox"/> Singapore Medical Council	
	<input type="checkbox"/> MCYS (Childcare teachers)	<input type="checkbox"/> Singapore Sports Council	
	<input type="checkbox"/> Ministry of Education	<input type="checkbox"/> TCM Practitioners Board	

**PART 8 – DECLARATION BY APPLICANT**

Please tick (✓) accordingly.

- (a) Have you ever been refused entry into or deported from any country?  Yes  No
- (b) Have you ever been convicted in a court of law in any country?  Yes  No
- (c) Have you ever been prohibited from entering Singapore?  Yes  No
- (d) Have you ever entered Singapore using a different passport issued by a different country?  Yes  No
- (e) Have you ever entered Singapore using a different name?  Yes  No
- (f) Have you ever been a Singapore Citizen or Singapore Permanent Resident?  Yes  No
- (g) Have you ever stayed in Singapore? If Yes, please indicate the purpose(s) of stay below.  Yes  No

(i) Length of stay in Singapore due to study : \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)

(ii) Length of stay in Singapore due to work  
[excluding the period that is already : \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)  
declared under g(i)]

(iii) Length of stay in Singapore due to other : \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)  
purposes

- (h) Have you ever been issued a work visa by another country?  Yes  No  
If Yes, please provide the most recent details below.

(i) Country of Issue: \_\_\_\_\_

(ii) Length of Visa   Year(s)   Month(s)

If any of the above answers from (a) to (f) is 'Yes', please provide details:

I confirm that the information as set out in Parts 2A, 4, 5, 6, 7A and 8(a) – (h) were provided by me and that the said information is true and correct.

I understand that I may be subject to prosecution if I have provided any information, which is false in any material particular or is misleading by reason of the omission of any material particular.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PART 9 – FURTHER DECLARATION BY THE APPLICANT****[Applicable for S Pass application – to be signed by applicant.]**Employment

- 1 I shall work only for the employer and in the occupation specified in the S Pass / Visit Pass.
- 2 I shall not engage in or participate in any business or be a self-employed person.
- 3 I shall reside at the address stipulated by my employer upon the commencement of my employment. I will inform my employer about any change in residential address initiated by me.
- 4 I shall undergo a medical examination by a Singapore registered doctor as and when directed by the Controller. I understand that if I am certified medically unfit, my S Pass shall be revoked.
- 5 I shall carry my original S Pass / Visit Pass with me at all times and must produce it for inspection on demand by any public officer.
- 6 I shall report to the Controller as and when I am required by the Controller to do so.

Further and in addition, I hereby declare that –

- 1 I shall not make any false statement or submit any document which I know to be false in order to obtain a S Pass or Visit Pass.
- 2 I understand that if I breach any condition above, my S Pass / Visit Pass will be revoked and I can be prosecuted in Court, or expelled and prohibited from entering Singapore.
- 3 I shall not misuse controlled drugs or take part in any political or other activities during my stay in Singapore, which would make me an undesirable or prohibited immigrant under the Immigration Act.

I have read and understood the Conditions of S Pass / Visit Pass for Foreign Worker, as specified in the Sixth Schedule of the Conditions of Work Permits / S Passes, Employment of Foreign Manpower Act, which is available on MOM website. I shall abide by these conditions during my employment and stay in Singapore.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PART 10 – DECLARATION BY LOCAL SPONSOR**  
**[Applicable for Employment Pass application]**

We hereby sponsor this application and certify that it is made for the purpose as stated by the applicant. We confirm that the information provided in Parts 1, 2B, 2C, 7B, 7C and Part 7D is true and correct. The statements made by the applicant in this application are to the best of our knowledge true.

I shall keep copies of the applicant's education certificates as declared in the application form for as long as the applicant is in my employment. I understand the Ministry of Manpower can at any time request for these documents for verification and revoke the pass should the documents be inconsistent with the declaration furnished in the application form or if I am unable to produce the documents.

\_\_\_\_\_  
Authorised Signature / Date

\_\_\_\_\_  
Name & Designation / Capacity

\_\_\_\_\_  
Official Stamp of Company / Firm

**PART 11 – COVENANT BY LOCAL SPONSOR** [Complete either (A) or (B)]

**(A) Applicable for Employment Pass application**

WHEREAS the Controller of Work Passes as a condition precedent to the issue to \_\_\_\_\_  
(Name of Applicant)  
(hereafter called "the Applicant") of an Employment Pass to work in Singapore has required that

\_\_\_\_\_ (hereafter called "Sponsor") shall give security in respect of the Applicant.  
(Name of Sponsor and Company Stamp)

NOW THOSE PRESENT witness that in consideration of the issue to the applicant of an Employment Pass,  
the Sponsor undertakes to:

- i) be responsible for the stay, maintenance and repatriation of the applicant;
- ii) indemnify the Singapore Government for any charges or expenses which may be incurred by the Government in respect of the repatriation of the said applicant or any of his dependants; and
- iii) be responsible for the compliance by the applicant of any quarantine and medical surveillance imposed on the applicant under regulation 8 (2A) of the Immigration Regulations.

**(B) Applicable for S Pass application**

WHEREAS the Controller of Work Passes as a condition precedent to the issue to \_\_\_\_\_  
(Name of Applicant)  
(hereafter called "the Applicant") of an S Pass to enter Singapore has required that

\_\_\_\_\_ (hereafter called "Employer") shall give security in respect of the Applicant.  
(Name of Employer and Company Stamp)

NOW THOSE PRESENT witness that in consideration of the issue to the applicant of an S Pass,  
the Employer for himself and his heirs executors and administrators hereby covenants with the Accountant-General of Singapore that the said Sponsor shall on demand forthwith pay to the Accountant-General any charges or expenses which may be incurred by the Government in respect of the repatriation of the said Applicant or any of his dependants.

**PART 12 – DECLARATION BY THE EMPLOYER**  
**[Applicable for S Pass application]**

Employment

1 The S Pass holder shall be under my direct employment, and I shall be responsible for the control and supervision of the S Pass holder. I shall not permit the S Pass holder to be employed by or contracted to any other person or business. I shall not employ the S Pass holder in an occupation which is different from that specified in the S Pass.

Upkeep, Maintenance and Well-being

2 I shall pay the S Pass holder the wages due to him/her for each month not later than seven (7) days after the last day of that month. I shall maintain a record of the monthly wages paid to the S Pass holder and produce the record upon request by any public officer. The wages shall be paid through General Interbank Recurring Order (GIRO) or other electronic means as may be approved by the Controller in writing, except where:

- (a) the S Pass is issued for a period of 3 months or less;
- (b) the wages represent the wages due to the S Pass holder for his/her last month of employment with the employer;
- (c) the wages represent wages for overtime work done by the S Pass holder; or
- (d) the Controller, in his discretion, exempts I, as the employer, in writing from this condition.

3 I shall send the S Pass holder for a medical examination by a registered Singapore doctor as and when directed by the Controller. I shall also bear any medical expenses incurred by the S Pass holder for the medical examination.

4 I shall be responsible for and bear the costs of the S Pass Holder's medical treatment. I shall purchase and maintain medical insurance for each S Pass Holder's inpatient care and day surgery. For medical insurance policies taken up or renewed on or after 1 Jan 2010, the insurance coverage must be at least SGD\$15,000 per year (or for such shorter period where the S Pass holder's period of employment is less than twelve months).

5 I shall be responsible for the upkeep and maintenance of the S Pass holder.

Cancellation of S Pass / Visit Pass and Duties before/ upon Repatriation of the S Pass holder

6 I shall cancel the S Pass / Visit Pass of the S Pass holder if I do not require his/her services or do not wish to renew his/her S Pass / Visit Pass. I shall inform the Controller in writing within seven (7) days of such cessation or termination and return the S Pass / Visit Pass to the Controller. I shall be responsible for his/her repatriation unless he/she is transferred to another employer.

7 I shall indemnify the Singapore Government for any charges or expenses which may be incurred by the Government in respect of the repatriation of the said applicant or any of his dependants.

8 If the S Pass/Visit Pass of the S Pass holder has expired or is cancelled or revoked, I shall ensure that all outstanding salaries or monies due to the S Pass holder have been paid before his/her repatriation.

General

9 I shall provide information, documents and statements, which are true and correct, as and when required by the Controller.

10 I shall not retain the original S Pass / Visit Pass and I shall allow the S Pass holder to retain his/her S Pass / Visit Pass.

11 I shall produce the S Pass holder to the Controller as and when I am required by the Controller to do so.

12 I shall inform the Work Pass Division of any change to my company's address stated in this Application Form within fourteen (14) days of such a change.

13 If the S Pass holder goes missing, I shall inform the Ministry of Manpower (MOM) within seven (7) days of my knowledge.

14 I shall undertake to make arrangements for payment of my Foreign Worker Levy by General Interbank Recurring Order (GIRO) and to pay the levy through GIRO deduction each month.

15 I am aware that my company / firm's Central Provident Fund account(s) are used by the Controller of Work Passes for the purpose of determining my local workforce and foreign worker entitlement, and I certify that the account(s) only include Central Provident Fund contributions made to persons actively employed by my company / firm.

I acknowledge and accept all the above conditions. Further and in addition, I hereby declare that –

1 All particulars given in this Application Form are true and correct and I hereby give my consent to the department to verify the particulars with any government agencies.

2 I am aware that if I make any false statements or produce any documents which I know to be false, I may be liable to prosecution.

3 I shall keep copies of the S Pass holder's education certificates as declared in the application form for as long as the S Pass holder is in my employment. I understand the Ministry of Manpower can at any time request for these documents for verification and revoke the pass should the documents be inconsistent with the declaration furnished in the application form or if I am unable to produce the documents.

4 I am not an undischarged bankrupt.

5 I ~~have~~/have not used the services of an Employment Agency or intermediary based in Singapore for the recruitment of the foreign worker. (Please also state the licence number of all Employment Agencies or intermediaries (if any) used for the purposes of this application: \_\_\_\_\_). Please ensure that a copy of Part 13 of this form is completed by each Employment Agency or intermediary used.)

6 I have not been offered or received (directly or indirectly), any sum or other benefit:

- (a) as consideration or as a condition for employing the foreign employee;
- (b) as consideration or as a condition for continuing to employ the foreign employee; or
- (c) as a financial guarantee related, in any way, to the employment of the foreign employee.

7 I further confirm that I have read and understood the Conditions of S Pass / Visit Pass for Employer and Foreign Worker as specified in the Fifth and Sixth Schedule, respectively, of the Conditions of Work Permits / S Passes, Employment of Foreign Manpower Act, which is available on MOM website. I shall ensure that these conditions will be complied with.

8 I understand that if I breach any of the above conditions, I may be prosecuted. Further, the Controller may revoke the S Pass / Visit Pass of the S Pass holder, and such breaches will be taken into account in considering my future S Pass applications.

I declare that I have read and understood the above.

\_\_\_\_\_  
Name of Employer<sup>+</sup>

\_\_\_\_\_  
Designation

\_\_\_\_\_  
NRIC Number of Employer<sup>+</sup>

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official Stamp of Company / Firm

*\*\*Delete where inapplicable*

*\*Employer refers to the Sole Proprietor or a partner in a partnership. For a company, it refers to a director or a manager.*

**PART 13 – DECLARATION BY THE EMPLOYMENT AGENCY/INTERMEDIARY****[Applicable for S Pass application and if the employer has used the services of an employment agency or intermediary.]***(If more than one Employment Agency or intermediary is used, please download and complete another 'Declaration By Employment Agency or Intermediary' form from MOM website.)*

Name of Employment Agency/intermediary: \_\_\_\_\_

Licence Number (For Employment Agency only): \_\_\_\_\_

Registered Address: \_\_\_\_\_

I declare that the abovenamed employer has not been offered (directly or indirectly), any sum or other benefit:

- (a) as consideration or as inducement for employing the foreign employee;
- (b) as consideration or as inducement for continuing to employ the foreign employee; or
- (c) as a financial guarantee related, in any way, to the employment of the foreign employee.

\_\_\_\_\_  
Name and NRIC Number of Authorised  
Representative\_\_\_\_\_  
Signature of Authorised Representative\_\_\_\_\_  
Date\_\_\_\_\_  
Official Stamp of Employment Agency**PART 14 – DECLARATION BY THIRD PARTY****[Applicable for S Pass application and if the third party is submitting the application on behalf of the employing company.]**

I declare that this application was submitted by my company on the instruction of the employing company. I further declare that I have ensured that all the details on the Pass Holder's salary, occupation, work experiences and qualifications as set out in the Application Form are provided to my company by the employing company. My company has documentary proof of this in the form of hardcopy application forms signed by the employing company and will retain them for one year from the date of this application for the inspection by the Controller. I understand that my company may be prosecuted if we have provided information which is false in any material particular, or is misleading by reason of the omission of a material particular. I understand that any false statement and/or declaration made by my company or myself in relation to the application for the S Pass may adversely affect the future work pass applications made by my company.

I declare that the above details on the Pass holder's salary, occupation, work experiences and qualifications are true and accurate.

\_\_\_\_\_  
Name and NRIC Number of Authorised  
Representative\_\_\_\_\_  
Signature of Authorised Representative\_\_\_\_\_  
Date\_\_\_\_\_  
Official Stamp of Employment Agency**Note: Controller mentioned in the above declaration under Part 9, Part 12 and Part 14 means the Controller of Work Passes**

## CONSENT

With reference to my application submitted on..... for Employment/S Pass and residence in Singapore, I give my consent to the Government of Singapore to obtain from and verify information with any person, organization or any other source for assessing my application.

Dated.....of.....20.....

.....

(Name of Applicant)

.....

(Signature)

.....

\*\* (Passport / Identity Card No.)

\*\* Delete which ever is not applicable.

## WORK PASS DIVISION

### DID YOU REMEMBER?

- 1 CLEAR copy of applicant's highest educational certificates, which have not been submitted to MOM during last 2 years for any work pass application.
- 1 CLEAR copy of the personal particulars page of the applicant's travel document/passport.
- For company submitting S Pass application, please indicate the company's CPF Submission Number on the application form. Companies submitting their first S Pass application should also attach their CPF contribution statement for the most recent 3 months.
- For applicant with Singaporean spouse, 1 CLEAR copy of official marriage certificate.

For the above certificates/documents which are not in English, an \*official English translation is required. Certificates in original languages must also be submitted.

**\*Official denotes certificates/documents issued by the High Commission or embassies.**

- For the following professionals, 1 CLEAR copy of the registration with respective professional bodies/accreditation agencies or relevant documents as stated:
  - Nurse – Singapore Nursing Board
  - Doctor – Singapore Medical Council / Traditional Chinese Medicine Practitioners Board
  - Teacher – Singapore Ministry of Education
  - Childcare Teacher – Ministry of Community Development, Youth & Sports
  - Lawyer – Singapore Attorney-General's Chambers
  - Dentist – Singapore Dental Council
  - Pharmacist – Singapore Pharmacy Board
- 1 CLEAR copy of NEA Licence (For Food Establishment only).
- 1 set of original application form duly completed.
- Application form signed by applicant.
- Application form signed by authorised officer from sponsoring corporation and are enclosed with corporation's stamp or seal.

**Please do not submit original documents unless otherwise stated.**

**Note:**

***Any person who falsely declares salary, academic qualifications, or submits forged documents in the work pass application shall be guilty of an offence under the Employment of Foreign Manpower Act (Cap.91A).***

**Important Note:**

Please read the Fifth and Sixth Schedules and detach them for your retention.

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### **Fifth Schedule Conditions of “S Pass”/Visit Pass For Employer of Foreign Worker**

**Employment**

1. The worker shall be under the employer’s direct employment and the employer shall be responsible for the control and supervision of the worker. The employer shall not permit the worker to be employed by or contracted to any other person or business. The employer shall not employ the worker in an occupation which is different from that specified in the “S Pass”/Visit Pass.

**Upkeep, maintenance and well-being**

2. The employer shall pay the worker his/her salary due to him/her for the month not later than seven (7) days after the last day of that month. The employer shall maintain a record of the monthly wages paid to the worker and produce the record upon request by any public officer. The wages shall be paid through General Interbank Recurring Order (GIRO) or other electronic means as may be approved by the Controller in writing, except where:
  - (a) the S Pass is issued for a period of 3 months or less;
  - (b) the wages represent the wages due to the worker for his/her last month of employment with the employer;
  - (c) the wages represent wages for overtime work done by the worker; or
  - (d) the Controller, in his discretion, exempts the employer in writing from this condition.
3. The employer shall be responsible for and bear the costs of the worker’s medical treatment. The employer shall purchase and maintain medical insurance with coverage of at least SGD\$15,000 per twelve-month period of the worker’s employment (or for such shorter period where the worker’s period of employment is less than twelve months) for the worker’s inpatient care and day surgery except as the Controller may otherwise provide by notification in writing.
4. The employer shall send the worker for a medical examination by a registered Singapore doctor as and when directed by the Controller. The employer shall also bear any medical expenses incurred by the worker for the medical examination.

**Cancellation of “S Pass”/Visit Pass and duties before/upon repatriation of worker**

5. The employer shall cancel the “S Pass”/Visit Pass of the worker if the employer does not require the worker’s services or does not wish to renew the worker’s “S Pass”/Visit Pass. The employer shall inform the Controller in writing within seven (7) days of such cessation or termination and return the “S Pass”/Visit Pass to the Controller.
6. If the worker breaches any of the “S Pass” conditions applicable to him/her, the employer shall inform the Controller, cancel the “S Pass”/Visit Pass and repatriate the worker.

**General**

7. The employer shall pay the foreign worker levy via GIRO.
8. The employer shall provide information, documents and statements which are true and correct as and when required by the Controller.
9. The employer shall not retain the original “S Pass”/Visit Pass and shall allow the worker to retain his/her “S Pass”/Visit Pass.
10. The employer shall produce the worker to the Controller as and when the employer is required by the Controller to do so.
11. The employer shall inform the Work Pass Division of any change to the business address stated in the “S Pass” application form within fourteen (14) days of such a change.
12. If the worker goes missing, the employer shall inform the Ministry of Manpower within seven (7) days of the employer’s knowledge of the worker going missing.

**Restrictions on employer receiving or recovering moneys from foreign employee**

13. Prohibited payments: An employer shall not deduct from any salary payable to a foreign employee, or demand or receive (directly or indirectly) from the foreign employee, any sum or other benefit —
  - (a) as consideration or as a condition for employing the foreign employee;

- (b) as consideration or as a condition for continuing to employ the foreign employee; or
  - (c) as a financial guarantee related, in any way, to the employment of the foreign employee.
14. Payments to be borne by employer not recoverable from foreign employee: An employer shall not deduct from any salary payable to a foreign employee, or recover (directly or indirectly) from the foreign employee, in whole or in part, any of the following sums paid or payable, or any other benefit given or to be given, by the employer:
- (a) fees associated with the application, issuance, renewal, or reinstatement of a work permit or S pass;
  - (b) costs associated with furnishing a security deposit required by the Controller;
  - (c) costs associated with purchasing and maintaining medical insurance coverage for the foreign employee, as required by the Controller;
  - (d) costs associated with medical examinations required by the Controller;
  - (e) levy payments under the Act;
  - (f) costs associated with training a foreign employee, where the training is provided by the employer or required by the Controller;
  - (g) costs associated with repatriating a foreign employee at any time; and
  - (h) such other similar sums connected or related to the employment of a foreign employee.

**Restriction on employers receiving moneys in connection with the employment of foreign employees**

15. An employer shall not demand or receive any sum or other benefit from an employment agent or any other person in connection with the employment of a foreign employee.

**Sixth Schedule**  
**Conditions of “S Pass”/Visit Pass For Foreign Worker**

**Employment**

1. The foreign worker shall work only for the employer and in the occupation specified in the “S Pass”/Visit Pass.
2. The foreign worker shall not engage in or participate in any business or be a self-employed person.
3. The foreign worker shall reside at the address stipulated by the employer upon the commencement of his/her employment. The foreign worker is to inform the employer about any self-initiated change in residential address.
4. The foreign worker shall undergo a medical examination by a Singapore registered doctor as and when directed by the Controller. If the foreign worker is certified medically unfit, his/her “S Pass” shall be revoked.
5. The foreign worker shall carry his/her original “S Pass”/Visit Pass with him/her at all times and must produce it for inspection on demand by any public officer.
6. The foreign worker shall report to the Controller as and when he/she is required by the Controller to do so.