



Work Pass Division

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Employment Pass / S Pass Appeal Form

This form may require you to take 10 minutes to fill in.
You will need the following information to fill it:

- The applicant's Foreign Identification Number
- 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)#

* This is a standard identification number issued to each organisation in Singapore, to facilitate their interaction with various government agencies. For more information on UEN and UEN issuance agencies, please refer to www.uen.gov.sg

This refers to the number meant to replace your old CPF Account Number. It consists of your company's/organisation's UEN + CPF Payment Code, and is either 14 or 15 digits/characters in length. For more information on CSN, please refer to www.cpf.gov.sg or call CPF Call Centre at 1800-227-1188.

Note:

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 The copy that you have downloaded more than 30 days ago may be outdated, and may not be used.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>



MINISTRY OF
MANPOWER

Work Pass Division
APPEAL FOR EMPLOYMENT PASS OR S PASS / REQUEST FOR CHANGE OF PASS TYPE
(FOR SAME EMPLOYING COMPANY ONLY)

- Note :**
- For #, please tick (✓) where appropriate.
 - Please mail the completed Appeal Form with copies of the following supporting documents (if any) to Work Pass Division, Ministry of Manpower, 18 Havelock Road S(059764).
 - Applicant's education/ professional qualifications
 - Applicant's past employment testimonials
 - Alternatively, you may submit electronic/scanned copies of this form and the supporting documents via the iSubmit web portal (<http://www.mom.gov.sg/iSubmit>). For this mode of submission, please select '2. Employment Pass/ S Pass Appeals' under 'Request Type' on the iSubmit portal.
 - Do not fax the Appeal Form.
 - The processing time for reviewing appeals is at least three weeks.

PART I: TYPE OF APPEAL / REQUEST

Please tick one of the following boxes:

(a) Appeal for Rejected Application:	(b) Request for Upgrade of Existing Pass to:	(c) Request for Downgrade of Existing Pass to:
- Employment (P/Q)/ S Pass* <input type="checkbox"/> * Your appeal will only be considered for the pass type you have previously applied for.	- Q1 <input type="checkbox"/> - P2 <input type="checkbox"/> - P1 <input type="checkbox"/>	- S Pass <input type="checkbox"/> - Q1 <input type="checkbox"/> - P2 <input type="checkbox"/>

PART II: APPLICANT'S PARTICULARS

Our Reference No. :	Date of Application :
S Pass/WP No. :	FIN :
Name of Applicant :	
Nationality:	Date of Birth :

PART III: COMPANY'S PARTICULARS

Name of Company:	Company's CPF Submission No ¹ :
Address of Company:	
Registration No. (ACRA):	Unique Entity Number (UEN):

PART IV: JUSTIFICATION FOR APPEAL

Details of justification²:

¹: Compulsory for applicant appealing for an S Pass

²: Please attach necessary documents for the justification, e.g. income tax assessment form, salary slips etc.

PART VI: DECLARATION BY APPLICANT

I declare that the information as set out in my Application Form for Employment Pass or S Pass and Part I to V of this Appeal Form is provided by me and that the said information is true and correct.

I also confirm that all documents submitted in support of my appeal are true copies of the originals. I understand that I may be prosecuted if I have provided any information which is false in any material particular, or is misleading by reason of the omission of a material particular.

In the event that this appeal is successful, I am fully aware that my subsequent renewal applications / appeals will be subjected to the prevailing work pass conditions at the point of renewal.

(Signature of Applicant)

(FIN / Date of Signature)

PART VII : DECLARATION BY EMPLOYER

I, (Name of authorised representative) _____

(NRIC No./FIN No.) _____

in my capacity as (Designation in company/firm) _____

of (Name of company/firm) _____

whom is the employer and local sponsor of the applicant declare that Part I to VI of this Appeal Form was, to the best of my knowledge, personally completed and signed by the Applicant whose name is indicated in Part II of this Appeal Form. I have ensured that the Applicant fully understands the contents of Part I to VI of the Appeal Form.

I confirm that the information as set out in the Application Form for an Employment Pass or S Pass and this Appeal Form, as well the attached documents (if any), are to the best of my knowledge, true and correct. I understand that I may be prosecuted if I have provided any information which is false in any material particular, or is misleading by reason of the omission of a material particular. I further understand that any false statement made by my company or myself in relation to the Application for an Employment Pass / S Pass Form and Part I to VI of this Appeal Form may adversely affect the future work pass applications of my company / firm.

I undertake to be responsible for the stay, maintenance and repatriation of the applicant.

In the event that this appeal is successful and the application for Employment Pass or S Pass is approved, I shall keep copies of the applicant's education certificates as declared in the Application/Appeal 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.

I undertake to 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/her dependants.

I also undertake to be responsible for ensuring the compliance by the applicant of any quarantine and medical surveillance imposed on the applicant under Regulation 8(2A) of the Immigration Regulations.

(Signature of authorised representative)

(Date of Signature)

(Company / Firm Stamp)

PART VIII FURTHER DECLARATION BY APPLICANT

[applicable for (a) Appeal for Rejected Application under S Pass; or (c) Request for Downgrade of Existing Pass to S Pass]

Conditions of the S Pass / Visit Pass for S Pass Holder:

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 an 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 the 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)

(FIN / Date of Signature)

PART IX : FURTHER DECLARATION BY EMPLOYER

[applicable for (a) Appeal for Rejected Application under S Pass; or (c) Request for Downgrade of Existing Pass to S Pass]

Conditions of the S Pass / Visit Pass for Employer of S Pass Holder :

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 more 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 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 undertake that in consideration of the issue to the Applicant of an S Pass, I shall on demand forth with 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.

I further confirm that I have read and understood the Conditions of the 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 Foreign Manpower Act, which is available on MOM website. I shall ensure that these conditions will be complied with.

(Signature of Authorised Representative)

(Date of Signature)

(Company / Firm Stamp)

Note: Controller mentioned in the above declaration means the Controller of Work Passes.