

**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 foreign employee's:
  - Foreign Identification number (if applicable)
  - Work Permit number (if applicable)
  - Old/new Malaysian Identity number (if applicable)
  - Malaysian International Passport number (applicable to Malaysian only)
  - Educational qualification and work experience details
  - Spouse personal particulars (if accompanying spouse is a Singapore citizen / Permanent Resident / Employment Pass / S Pass or Work Permit holder)
  - Spouse educational qualification (if applicable)
- The employing company's:
  - Unique Entity Number (UEN)
  - Registration number (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:**

- All relevant **supporting documents** (as stated in Annex A) **must be submitted** with this application.
- The application **will be voided** if inaccurate written information or wrong/unclear supporting documents is submitted. You will need to resubmit a new application, and pay the required administration fee.
- An administrative fee will be charged for every Employment/S Pass application submitted. You will be charged according to the pass(es) you select. Please refer to the table below:

Pass Consideration	Administrative Fee for Application
Employment Pass and S Pass	\$70
Employment Pass only	\$70
S Pass only	\$60

- 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.

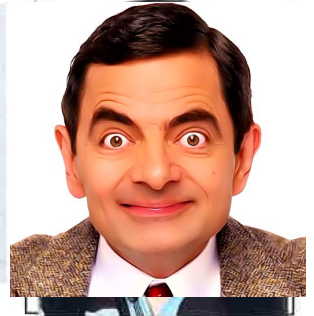
- MOM regularly updates its forms. The copy that you have downloaded more than 30 days ago may be outdated, and may not be used. To ensure that you use the latest version, please download the latest copy at <http://www.mom.gov.sg>



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

**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>		
Date of Application:	Officer ID:	Remarks:

**PART 1 – EMPLOYING COMPANY DETAILS**

<b>1A: Employing Company General Information</b>			
Name of Employing Company/Society/Organisation:			
Unique Entity Number (UEN):		Leave this page BLANK, Start from Part 4	
Registration Number (ACRA):			
Company's Email:			
Tel Number:		Fax Number:	Mobile Number:
Correspondence Address			
Block/House Number:	Floor Number:	Unit Number:	Building Name:
Street Name:			Postal Code:

<b>1B: Financial &amp; Other Information</b>
Paid-up Capital (S\$):

Value of Turnover of the Company in the past 3 years <i>(Please start with the most recent year)</i>		
Year	Value (S\$)	Is the turnover figure from an audited account? <i>(For unaudited accounts or if employing company is exempted from audit, please select 'No'.)</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Number of Employees		
Local: <i>(Singapore Citizen/PR)</i>		Foreign:

**PART 2 – APPLICATION INFORMATION****2A: Pass Declaration**

Is the foreign employee a Singapore Citizen or Singapore Permanent Resident?\*  Yes  No

**Please provide the FIN/Work Permit/S Pass number if the foreign employee had ever**

- applied for or worked in Singapore on an Employment Pass, S Pass or Work Permit
- studied in Singapore on a Student's Pass
- stayed in Singapore on a Dependant's Pass or Long Term Visit Pass.

Foreign Identification Number, FIN (*FIN held previously*):

Work Permit Number/S Pass Number (*WP number held previously*):

**2B: Pass Duration**

If this application is approved, the period granted may be shorter than what you have indicated.

Duration of Pass Applied for:  (up to 60 months)

**2C: Pass Consideration**

The foreign employee may apply for an S Pass if he/she is not a partner, sole proprietor or director of a company.

Is the foreign employee a partner, sole proprietor or director of any company?\*  Yes  No

Does the foreign employee wish to be considered for\*: (*select one only*)

Pass Consideration	Administrative Fee for Application
I. <input type="checkbox"/> Employment Pass and S Pass	\$70
II. <input type="checkbox"/> Employment Pass only	\$70
III. <input type="checkbox"/> S Pass Only	\$60

- ① If you wish to be considered for an S Pass (selected Option (I) or (III) above, please provide the following and ensure that Declaration of Business Activity has been done for the CPF number stated. For details on Declaration of Business Activity, please refer to <http://www.mom.gov.sg> > Foreign Manpower > Passes & Visas > S Pass > Before You Apply > Documents Required.

Company's CPF Submission Number:

(Consists of UEN + CPF Payment Code. Total length of either 14 or 15 digits/characters)

- ① Please ensure that your company/firm is only making Central Provident Fund contributions to local employees that are actively employed, for the purposes of calculating the number of foreign workers your company/firm may employ.

**PART 3 – INFORMATION ON EMPLOYMENT AGENCY / THIRD PARTY**

Applicable if application for foreign employee is made through an Employment Agency or third party.

Name of Employment Agency/Third party:

Telephone Number:

Employment Agency/Third Party's Stamp:

Employment Agency Licence Number:

**PART 4 – FOREIGN EMPLOYEE'S PERSONAL INFORMATION**

**4A: Personal Particulars**

Please note that for S Pass holders, only the first 45 characters of your name will be printed on the S Pass card.

Name: (as on travel document, excluding salutations, e.g. Mr, Miss, Professor, Doctor)

~~ROBERTSON, JIMMIE~~ Your name same as passport, please mind of A/P and D/O, Binti, Bt, Binte

Alias:

Sex:\*  Female  Male

Marital Status:\*  Divorced  Married  Separated  Single  Widowed

Please complete Part 6 of the application form if the foreign employee is 'Married'.

Date of Birth - dd/mm/yyyy:

18 FEBRUARY 1987

Nationality:

MALAYSIAN

For Malaysian only:

Malaysian Old Identity Card Number:

~~870000000000000000~~

Malaysian New Identity Card Number:

870000000000000000

Malaysian Identity Card Colour:\*  Blue  Pink

Country of Birth:

MALAYSIAN

State/Province of Birth:

SABAH

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 foreign employee'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:

~~MARSHALL, MARJORIE~~

Spouse's FIN / NRIC Number:

~~871000-00-5224~~

Spouse Identification Type:\*

FIN  NRIC

Spouse's Date of Birth - dd/mm/yyyy:

2 OCTOBER 1987

**4B: Travel Document Information**

Travel Document Type:\*

Hong Kong Special Admin Region  International Cert of Identity  International Passport  Macau SAR Travel Permit

Travel Document Number:

~~118000000000000000~~

Date of Issue - dd/mm/yyyy:

16 JUNE 2022

Date of Expiry - dd/mm/yyyy:

16 JUNE 2027

**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.

Is the foreign employee currently staying in Singapore?\*

- No. You do not need to provide any more details  
 Yes. Please fill in the address below:

Correspondence Address

Block/House Number: Floor Number: Unit Number: Building Name:

Street Name:

Postal Code:

**PART 5 – FOREIGN EMPLOYEE'S EDUCATION / MEMBERSHIP DETAILS**

Please fill in the two highest qualifications that were awarded to the foreign employee. Please note that qualification is a key criterion in the assessment of the foreign employee's eligibility for a work pass and should be provided where applicable.

**5A: Education Details**

(1) Awarding Body /Institution/ University awarded the qualification

Country: <b>MALAYSIA</b>	State/Province: <b>PENANG</b>
Name: <b>AVENTIST COLLEGE OF NURSING</b>	
Main Campus or Affiliating College Attended: (Applicable only for India qualification) <b>NA</b>	
Qualifications#: (e.g. for Honours Degree, state class/division; Diploma) <b>DIPLOMA</b>	
Specialisation: (e.g. Civil engineering) <b>DIPLOMA IN NURSING</b>	Faculty: (e.g. Engineering) <b>NURSING</b>
Period of Study - dd/mm/yyyy From: <b>JUNE 2005</b> To: <b>JUNE 2008</b>	
Mode of Study:* <input type="checkbox"/> Distance Learning <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Has the foreign employee submitted supporting documents for this qualification before?* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

(2) Awarding Body /Institution/ University awarded the qualification

Country: <b>MALAYSIA</b>	State/Province: <b>SABAH</b>
Name: <b>INSTITUTE KOLEJ KESIHATAN KOTA KINABAWU</b>	
Main Campus or Affiliating College Attended: (Applicable only for India qualification) <b>NA</b>	
Qualifications#: (e.g. for Honours Degree, state class/division; Diploma) <b>POST BASIC CERTIFICATE</b>	
Specialisation: (e.g. Civil engineering) <b>INFECTION CONTROL NURSE</b>	Faculty: (e.g. Engineering) <b>NURSING</b>
Period of Study - dd/mm/yyyy From: <b>1 MARCH 2010</b> To: <b>1 SEPTEMBER 2016</b>	
Mode of Study:* <input type="checkbox"/> Distance Learning <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Has the foreign employee submitted supporting documents for this qualification before?* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**Sijil Tinggi Persekolahan Malaysia (STPM)**No. of Passes attained (Inclusive of General Studies/Pengajian Am):  Principal pass-C  Subsidiary pass-RHas the foreign employee 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):  passesHas the foreign employee attained a pass in Bahasa Inggeris/English Language?\*  Yes  No**5B: Societies/Organisations Membership**

(Past five years to date)

**(1) Society/Organisation Membership**

Name of Society/Organisation:

NA

Position Held:\*  Chairman  Member  President  Secretary  
 Treasurer  Vice Chairman  Vice President

Period - dd/mm/yyyy

From: To:

**(2) Society/Organisation Membership**

Name of Society/Organisation:

NA

Position Held:\*  Chairman  Member  President  Secretary  
 Treasurer  Vice Chairman  Vice President

Period - dd/mm/yyyy

From: To:

**PART 6 – FOREIGN EMPLOYEE'S SPOUSE EDUCATION DETAILS**

To be completed if the foreign employee's marital status in Part 4A is 'Married'.

**Foreign Employee's Spouse Educational Details****(1) Awarding Body /Institution/ University awarded the qualification**

Country: MALAYSIA State/Province: SABAH

Name:

MASDIANA MAJINOR

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

ASIA METROPOLITAN UNIVERSITY

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

DIPLOMA

Specialisation: (e.g. Civil engineering)

NURSING

Faculty: (e.g. Engineering)

NURSING.

Period of Study - dd/mm/yyyy

From: 1 MARCH 2010

To: 1 DECEMBER 2013

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

**(2) Awarding Body /Institution/ University awarded the qualification**

Country: <b>NA</b>	State/Province: <b>NA</b>
Name: <b>NA</b>	
Main Campus or Affiliating College Attended: <i>(Applicable only for India qualification)</i> <b>NA</b>	
Qualifications#: <i>(e.g. for Honours Degree, state class/division; Diploma)</i> <b>NA</b>	
Specialisation: <i>(e.g. Civil engineering)</i> <b>NA</b>	Faculty: <i>(e.g. Engineering)</i> <b>NA</b>
Period of Study - dd/mm/yyyy From: <b>NA</b>	To:
Mode of Study:* <input type="checkbox"/> Distance Learning <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	

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

**Sijil Tinggi Persekolahan Malaysia (STPM)**

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

Has the foreign employee 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)*:  passes

Has the foreign employee attained a pass in Bahasa Inggeris/English Language?\*  Yes  No

**PART 7 – FOREIGN EMPLOYEE'S EMPLOYMENT DETAILS**

**7A: Working Experience of Foreign Employee**

Total Period of Working Experience		Total Period of Relevant Working Experience Relevant to the occupation declared in Part 7C.	
Years: <b>16 years</b>	Months: <b>5 MONTHS</b>	Years:	Months:

Start with the most recent working experience.

Period (dd/mm/yyyy)		Name of Company	Country	Occupation	Last Drawn Monthly Salary (S\$)
From	To				
01 July 2008	31/3/2014	PENANG ADVENTIST HOSPITAL, MALAYSIA	MALAYSIA	REGISTERED NURSE	MYR 2800
01/4/2014	CURRENT	KPJ SABAH SPECIALIST HOSPITAL, SABAH	MALAYSIA	REGISTERED NURSE	MYR 4369

**7B: Salary Details**

Please note that the fixed monthly salary includes only basic monthly salary and fixed monthly allowances. It is important that you read and understand the definition of fixed monthly salary, which can be found at <http://www.mom.gov.sg>.

Salary Payable by\*:  Both local and overseas  Local  Overseas

Fixed Monthly Salary = Basic Monthly Salary + Fixed Monthly Allowances  
E.g. S\$5,000 = \$4,500 + \$500

As specified in Employment Contract:

Fixed Monthly Salary: S\$ .00

Basic Monthly Salary: S\$ .00

**i** MOM will use the fixed monthly salary to assess the application. If the amount indicated as fixed monthly salary is more than the basic monthly salary, MOM will take the difference as the 'fixed monthly allowances'. If there are no fixed monthly allowances, the amount of fixed monthly salary should be exactly the same as the basic monthly salary.

**7C: Address and Duties to be Performed**

Occupation:

SENIOR STAFF NURSE

**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 Work Pass Division. For any subsequent amendments to this assigned occupation, you will have to withdraw the existing application and submit a new application. The prevailing administration fee will be charged upon submission.

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?\*

Yes  No

If Yes, will the foreign employee be deployed to work for another employer so as to supplement that other employer's manpower resources?

Yes  No

Address where foreign employee's duties are to be performed

Block/House No:

Floor No:

Unit No:

Building Name:

CHANGI GENERAL HOSPITAL

Street Name:

2 SIMEI STREET 3, SINGAPORE

Postal Code:

529889

National Environment Agency Licence Type\*: (For Food Establishment only)

Foodstall (e.g. hawker stall)  Cold Drink Shop (e.g. pub)  Foodshop (e.g. restaurant)

Did you source for this foreign employee with Contact Singapore's assistance?\*  Yes  No

Employment Pass Eligibility Certificate Reference Number:

**7D: Vetting Agency/Professional Body/Accreditation Agency Support**

Has this application obtained support from the relevant vetting Agency(s)/Professional Body(s)/ Accreditation Agency(s)?

Yes  No

If 'Yes', please select from the followings.

Please select one or more Vetting Agencies if the foreign employee has obtained support from any of the Vetting Agencies listed. Please note that the foreign employee must produce documentary proof of support from the agencies concerned together with this application.

Attorney-General's Chamber  IE Singapore (Representative Office)  Singapore Dental Council  
 Singapore Medical Council  Singapore Nursing Board  Registrar of Pharmacy Board  
 Singapore Sports Council  TCM Practitioners Board



**PART 8 – DECLARATION BY FOREIGN EMPLOYEE**

Please tick (✓) accordingly.

**Have you ever:**

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

(i) Length of stay in Singapore due to study	:	NA	Year(s)	Month(s)
(ii) Length of stay in Singapore due to work [excluding the period that is already declared under g(i)]	:	NA	Year(s)	Month(s)
(iii) Length of stay in Singapore due to other purposes	:	NA	Year(s)	Month(s)

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

(i) Country of Issue	:	NA
(ii) Length of Visa	:	NA Year(s) Month(s)

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

NA

I confirm that the information as set out in this application for Employment/S Pass is to the best of my knowledge, true and correct. All documents submitted in support of this application for Employment/S Pass 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 any material particular.

I have read and understood the Conditions of Employment/S Pass, as specified in the Employment of Foreign Manpower (Work Passes) Regulations, which are available on the MOM website. I shall ensure that these conditions will be complied with.

Further and in addition, I hereby declare that: –

- I shall not make any false statement or submit any document which I know to be false in order to obtain an Employment/S Pass and Visit Pass.
- I understand that if I breach any condition above, my Employment/S Pass and Visit Pass will be revoked and I can be prosecuted in Court, or expelled and prohibited from entering Singapore.
- 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.

With reference to this application submitted 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, organisation or any other source for assessing my application.

I hereby give my consent for the Comptroller of Income Tax to verify my income stated in my current and renewal applications, based on my assessment record for the current Year of Assessment, for the Controller of Work Passes. In the event my assessment record for the current Year of Assessment is not available or finalised at the point of verification, I understand the Comptroller of Income Tax will verify my income against my assessment record for the two previous Years of Assessment. I also hereby give my consent for the Comptroller of Income Tax to thereafter communicate the results of the verification to the Controller of Work Passes.

<b>Signature of Foreign Employee</b> 	<b>Date</b> 21 SEPTEMBER 2023
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**PART 9 – DECLARATION BY LOCAL EMPLOYER/SPONSOR**

I hereby sponsor this application and certify that it is made for the purpose as stated by the foreign employee. I confirm that the information as set out in this application for Employment/S Pass is to the best of my knowledge, true and correct.

I have ensured that the foreign employee fully understands the contents of Part 8 of this application form. 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 any material particular. I further understand that any false statement made by my company or myself in relation to this application for Employment/S Pass may adversely affect the future work pass applications of my company/firm.

I am aware that the Controller of Work Passes uses my company/firm's Central Provident Fund contribution information to determine the number of local workers employed by my company/firm hence determining the number of foreign employees that my company/firm may employ. I have ensured that my company/firm's Central Provident Fund contribution record of payments as required under the Central Provident Fund Act (Cap.36) only reflects every citizen or permanent resident of Singapore who is employed by my company/firm and at the appropriate contribution rate prescribed by law. My company/firm has made any voluntary CPF contributions only through a separate CPF Submission Number (CSN).

I undertake to:

- (i) be responsible for the stay, maintenance and repatriation of the foreign employee;
- (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 foreign employee or any of his dependants; and
- (iii) be responsible for the compliance by the foreign employee of any quarantine and medical surveillance imposed on the foreign employee under Regulation 8 (2A) of the Immigration Regulations.

In addition, I declare that: –

1. I hereby give my consent to the department to verify the particulars with any government agencies.
2. The company owner(s) is/are not undischarged bankrupt(s).
3. 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 10 of this form is completed by each Employment Agency or intermediary used.)

I shall keep copies of the foreign employee's education certificates as declared in the application form for as long as the foreign employee 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 have read and understood the Conditions and Regulatory Conditions of Employment Pass/S Pass, as specified in the Employment of Foreign Manpower (Work Passes) Regulations, which are available on the MOM website. I shall ensure that these conditions will be complied with.

I declare that I have read and understood the above.

**Authorised Signature & Date**

**Official Stamp of Company / Firm:**

**Name & Designation / Capacity**  
Name: \_\_\_\_\_ Designation / Capacity: \_\_\_\_\_

**PART 10 – 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.)*

**For Employment Agency only**

Name of Employment Agency/intermediary:	Licence Number: <input type="text"/>
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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**

Name: <input type="text"/>	NRIC: <input type="text"/>
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Date:

**Official Stamp of Employment Agency / Intermediary:**

Signature of Authorised Representative:

**PART 11 – DECLARATION BY THIRD PARTY**

**Applicable for EP&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**

Name: <input type="text"/>	NRIC: <input type="text"/>
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Date:

**Official Stamp of Third Party:**

Signature of Authorised Representative:

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

## WORK PASS DIVISION

## ANNEX A

## DID YOU REMEMBER?

- 1 set of original application form duly completed.
- Application form signed by foreign employee.
- Application form signed by an authorised officer from the sponsoring company, and stamped with the company's stamp or seal.
- 1 CLEAR COPY of the following supporting documents\***:  
 (\*Non-English documents must be accompanied by an official English translation done by a certified translator, High Commission/Embassy or a notary public. This does not apply to verification proof of education certificates from China)
- Travel Document Page showing the personal particulars and travel document number. Please include pages reflecting amendments to details (e.g. name, expiry date), if any.
- Foreign employee's Educational Certificates
- Additional document(s) are required for:
- (a) **diploma/degree qualifications from India**
- Transcripts and marksheets
- (b) **diploma/degree qualifications from China**
- Certificate of Graduation (毕业证书)
  - Verification proof of educational certificates from any one of the following independent verification channels:
    - Dataflow (<http://www.dataflowgroup.com>);
    - The China Higher Education Student Information job portal (<http://job.chsi.com.cn/>);
    - The China Academic Degrees and Graduate Education Information (<http://www.cdgdc.edu.cn>).
- NEA Licence (For Food Establishment only).
- Registration or Support Letters from the respective Vetting Agency/ Professional Body/ Accreditation Agency, *if support from them has been declared in the application:*
- Doctor – Singapore Medical Council
  - Dentist – Singapore Dental Council
  - Pharmacist – Singapore Pharmacy Council
  - Nurse – Singapore Nursing Board
  - TCM Practitioner – Traditional Chinese Medicine Practitioners Board
  - Lawyer – Singapore Attorney-General's Chambers
  - Football Player/Coach – Singapore Sports Council
- Support letter from International Enterprise (IE) Singapore (For application submitted by Representative's Office).
- 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 statements for the most recent 3 months.
- Official marriage certificate (For foreign employee with Singaporean spouse only).

**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).**