

**Work Pass Division**

18 Havelock Road
Singapore 059764
www.mom.gov.sg



Miscellaneous Work Pass Application Form

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

- The applicant'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
- The employing company's:
 - Unique Entity Number (UEN)
 - Registration number (ACRA) <if applicable>

Note:

- You must submit:
 - One original application form duly completed
 - One copy of each relevant supporting document stated in Annex A

Make sure the application is completed and signed. Scanned or photocopies will not be processed.
 - Submit the application and supporting documents over the counters at any SingPost branch. The submission must be accompanied by a copy of photo identification (ID) of the person submitting the application. The original photo ID must also be produced for verification.
 - Pay an administrative fee of \$70 for each Miscellaneous Work Pass application submitted. Payment can be made by cash, Cashcard or NETS.
- There shall be no refund of fees paid for this application, 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 The copy that you have downloaded more than 30 days ago may be outdated, and cannot be used. Ensure that you use the latest version by downloading the latest copy from MOM website: www.mom.gov.sg.



*Affix a recent
passport-sized
photograph here*

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

Foreign Identification Number (FIN): (FIN held previously)										Work Permit Number: (WP number held previously)																			
<div> </div>																													
Name: (as on travel document, excluding salutations, e.g. Mr, Miss, Professor, Doctor)																													
<div> </div>																													
Alias:																													
<div> </div>																													
Sex:*																													
<input type="checkbox"/> Female										<input type="checkbox"/> Male																			
Marital Status:*																													
<input type="checkbox"/> Single										<input type="checkbox"/> Married					<input type="checkbox"/> Separated					<input type="checkbox"/> Divorced					<input type="checkbox"/> Widowed				
Date of Birth: (dd/mm/yyyy)										Nationality:																			

For Malaysian only:	
Malaysian Old Identity Card Number: <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	Malaysian New Identity Card Number: <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
Malaysian Identity Card Colour: * <input type="checkbox"/> Blue <input type="checkbox"/> 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:
Address in Country of Origin:	

Race:* <input type="checkbox"/> Caucasian <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others		Religion:* <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Free Thinker <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Others <input type="checkbox"/> Sikh <input type="checkbox"/> Taoist	
Address in Singapore:			
Is the foreigner currently staying in Singapore?*			
<input type="checkbox"/> No. You do not need to provide any more details. <input type="checkbox"/> Yes. Please fill in the address below:			
Block/House Number:	Floor Number:	Unit Number:	Building Name:
Street Name:			Postal Code:
Tel No:			

Travel Document Type:*	<input type="checkbox"/> Hong Kong Special Admin Region <input type="checkbox"/> International Passport	<input type="checkbox"/> International Cert of Identity <input type="checkbox"/> Macau SAR Travel Permit
Travel Document Number:	Date of Issue: (dd/mm/yyyy)	Date of Expiry: (dd/mm/yyyy)
Country of Issue:	Place of Issue:	

PART 2 – APPLICANT'S DETAILS

Start with the highest qualification.

Education Details

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

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

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

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

Name of Society/Organisation:

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 (dd/mm/yyyy)

From: _____ To: _____

Name of Society/Organisation:

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 (dd/mm/yyyy)

From: _____ To: _____

Please indicate in chronological order. Please do not leave this part blank. Working testimonials, resumes and other attachments should only be submitted as supplements. Period(s) of unemployment should also be stated.

Total Period of Working Experience

Years: (Please round up to the nearest year)Months:

Start with the most recent working experience.

Period (dd/mm/yyyy)		Name of Company	State & Country	Position Held	Nature of Duties
From	To				

Please tick (✓) accordingly.

- | | | |
|---|------------------------------|-----------------------------|
| (a) Have you ever been refused entry into or deported from any country? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Have you ever been convicted in a court of law in any country? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Have you ever been prohibited from entering Singapore? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Have you ever entered Singapore using a different passport or name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Have you ever been a Singapore Citizen or Singapore Permanent Resident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Are you currently a Singapore Citizen or Singapore Permanent Resident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Have you ever studied or worked in Singapore? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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PART 5 – DUTIES TO BE PERFORMED IN SINGAPORE

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 www.mom.gov.sg.

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

- ❶ 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.

Occupation:

- ❶ 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.

Purpose of visit and details of activities:

- ❶ If the worker is performing more than 1 activity at more than 1 location, please provide the details on a separate A4 size paper and attach it together with this application form. Do note that if you require the worker to perform additional activities after submission of the application, you will be required to submit a new application.

Address/Place where above stated activities are to be performed:

Block/House Number:	Floor Number:	Unit Number:	Building Name:
Street Name:			Postal Code:

Date(s) of activities: (dd/mm/yyyy)

- ❶ Please provide the exact dates of the activities. The total duration of the activities should not exceed 60 days.

Name of Sponsoring Company/Society/Organisation:

Local Mailing Address of Sponsoring Company/Society/Organisation: (for correspondence only)

Block/House Number:	Floor Number:	Unit Number:	Building Name:
Street Name:			Postal Code:

Unique Entity Number (UEN):	Tel Number:
Registration No. (ACRA):	Fax Number:

Paid-up Capital (S\$):

Company's Email (for communication about this application):

Value of Turnover of the Company in the past 3 years

Year:	S\$	Year:	S\$	Year:	S\$
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PART 6 – DECLARATION BY APPLICANT

I confirm that the information as set out in Parts 1-4 and 6 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.

I undertake not to indulge in any activities which are inconsistent with the purpose for which the Miscellaneous Work Pass is issued.

I further undertake not to be engaged in any form of employment, business or occupation whilst in Singapore without the written consent of the Controller of Work Passes.

Signature of Applicant	Date
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PART 7 – DECLARATION BY LOCAL SPONSOR

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 Part 5 is true and correct. We have obtained written consent from the applicant to apply for a Miscellaneous Work Pass for him/her. We will produce this consent when requested by the authority. The statements made by the applicant in this application are to the best of our knowledge true.

Authorised Signature# & Date	Official Stamp of Company/Firm:
Name & Designation/Capacity Name: _____ Designation/Capacity: _____	

#Authorised Human Resource personnel or any person holding at least a managerial position in the sponsoring company

PART 8 – COVENANT BY LOCAL SPONSOR

WHEREAS the Controller of Work Passes as a condition precedent to the issue to _____
 (Name of Applicant)

(hereafter called "the Applicant") of a Miscellaneous Work 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 a Miscellaneous Work 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.

CONSENT

With reference to my application submitted on..... for Miscellaneous Work 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.

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

(Name of Applicant)

(Signature)

(Passport / Identity Card No.)

Delete whichever is not applicable.

WORK PASS DIVISION

ANNEX A

DID YOU REMEMBER?

- ☐ A synopsis of the talk or event.
- ☐ 1 CLEAR copy of the personal particulars page of the applicant's travel document/passport.

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).