



REPUBLIC OF SINGAPORE

CERTIFICATE OF REGISTRATION OF BIRTH

BIRTH REGISTRATION NO.

78-28013 A

Birth registered at		KANDANG KERBAU HOSPITAL SINGAPORE	
Full name (Surname first)		LIM BEE LING	
Sex	Date of Birth	Hour of Birth	
Female	27th September, 1978	0529 hrs.	
Place and Address of Birth		KANDANG KERBAU HOSPITAL SINGAPORE	
Maiden Name		LIU POH GEOK	
Singapore Identity Card No.		Race/Dialect Group	
1275598 H	Chinese/Hokkien	Nationality/Citizenship	
Date of Birth	Address	Country of Birth	
27.5.1957	84, Amoy Street, Singapore 1	Singapore	
Name		LIM LEONG CHUAN	
Singapore Identity Card No.		Race/Dialect Group	
0292362 I	Chinese/Hokkien	Nationality/Citizenship	
State relationship (e.g. Father, Mother etc.)		Country of Birth	
Singapore Identity Card No.		Singapore	
Father		Name and Address	
as above			

I certify that the above information given by me is correct.

PART B

Lim Leong Chuan
Informant's Signature or
Thumb Impression

10 OCT 1978

Date

Leh Yee Seng
Registrar of Births and Deaths

10 OCT 1978

Date



PART B

Fill in the details of the sponsors (and/or their spouse) below and ask them to sign the declaration. Please also complete Part A of the application form. Note that the section "Sponsor Income Details" should be completed with the sponsor's income, not the employer's. MOM can only consider two incomes, but they can be any of the employer's children/grandchildren/siblings or their partners.

Please also submit copies of these additional documents with this application:

1. The sponsors' NRIC
2. Supporting documents to prove their income

Sponsor income details

Please use 1 or 2 to tell us about the sponsor's income.

1. The sponsor's monthly income range:

9,000

2. The sponsors' combined monthly income range:

Have the sponsor(s) worked in Singapore for the last 2 years? (tick one):

☒ Yes

☐ No

What income proof do the sponsor(s) want to provide? (tick one):

☒ Notice of assessment (NOA)

☐ Employer letter & CPF statements, overseas income tax, or any other documents to show that they can afford to maintain the helper

☐ Allow MOM to verify the sponsor(s)' income with IRAS. Please provide us with:

• Sponsor 1's Singapore Tax Reference No.:

• Sponsor 2's Singapore Tax Reference No.:



MINISTRY OF
MANPOWER

PART B

About sponsor one

Relationship with the employer:

Daughter

Full name:

Lim Bee Ling

Gender (tick one):

☒ Female

☐ Male

Date of birth (dd/mm/yyyy):

27/10/1978

NRIC (if any):

S7828013A

Nationality:

Singaporean

Residential status (tick one):

☒ Singapore Citizen

☐ Permanent Resident

Residential address:

43A Sims Drive #02-189

Postal Code

381043

Marital status (tick one):

☐ Single

☐ Divorced

☐ Widowed

☐ Separated

☒ Married



PART B

If sponsor 1 is married, please complete this section.

Was the marriage registered in Singapore? (tick one):

☒ Yes

☐ No

Spouse's full name:

Ho Chee Woon Daniel

Spouse's gender (tick one):

☐ Female

☒ Male

Spouse's date of birth (dd/mm/yyyy):

02/10/1967

Spouse's NRIC (if any):

S1789560E

Spouse's FIN (if any):

Passport no.:

Passport expiry date (dd/mm/yyyy):

/ /

Spouse's nationality:

Singaporean

Spouse's residential status (tick one):

☒ Singapore Citizen

☐ Permanent Resident

☐ Long-Term Visit Pass (LTVP)

☐ Employment or S Pass

☐ Dependant's Pass

☐ Diplomat

☐ Others

Sponsor 1's contact details

Mobile no.:

+ 65 97222303

Email:

bluehoshi@hotmail.com

Residential address:

Postal Code



Declaration by sponsor(s)

I/We declare that:

1. I/We are responsible for the upkeep, maintenance and well-being of the foreign domestic worker.
2. I/We remain responsible for this foreign domestic worker as long as we remain sponsor(s).
3. If I/we apply for a new foreign domestic worker, MOM will take into consideration our existing responsibilities for the foreign domestic worker.
4. I/We must pay the foreign domestic worker levy and all other employment related expenses on behalf of _____ (Name of employer), for as long as we remain sponsor(s).

Name of sponsor 1

Lim Bee Ling

NRIC/Passport number of sponsor 1

87828013A

Signature of sponsor 1

Date (DD-MM-YYYY)

15-03-2019

Name of sponsor 2

NRIC/Passport number of sponsor 2

Signature of sponsor 2