

No 246042



REPUBLIC OF SINGAPORE

# CERTIFICATE OF REGISTRATION OF BIRTH

BIRTH REGISTRATION NO.

71-42480

CHILD'S PARTICULARS		Birth registered at <b>Thomson Road General Hospital, Singapore.</b>	
Full name (surname first) <b>YEO CHOON SENG</b>			
Sex <b>Male</b>	Date of birth <b>28th November 1971</b>	Hour of birth <b>11.05 a.m.</b>	
Place and Address of birth <b>Thomson Road General Hospital, Singapore.</b>			
Maiden name <b>LEO MUI YIN</b>			
S'pore Identity Card No. <b>1000138/B</b>	Race/Dialect Group <b>Ch./Khek</b>	Nationality/Citizenship <b>S'pore Citizen</b>	Country of birth <b>Singapore</b>
Date of birth <b>30.10.1944</b>	Address <b>Blk.37, 443B, Lorong 5, Toa Payoh (12)</b>		
Name <b>YEO SOON CHYE</b>			
S'pore Identity Card No. <b>1015711/J</b>	Race/Dialect Group <b>Ch./Teochew</b>	Nationality/Citizenship <b>S'pore Citizen</b>	Country of birth <b>Singapore</b>
State relationship (e.g. Father, Mother, etc.) <b>Father</b>		Name and Address <b>As Above</b>	
Singapore Identity Card No. <b>As Above</b>			

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

8.12.71

Date

8.12.71

Date

Part B. Informant's signature or Thumb impression

Registrar of Births and Deaths







## 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:

\$ 5000

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.:



## PART B

### About sponsor one

Relationship with the employer:

Son

Full name:

Yeo Choon Seng (Yang Chan Sheng)

Gender (tick one):

☐ Female

☒ Male

Date of birth (dd/mm/yyyy):

28 / 11 / 1971

NRIC (if any):

S71424800

Nationality:

Singaporean

Residential status (tick one):

☒ Singapore Citizen

☐ Permanent Resident

Residential address:

BLK 482 Admiralty Link # 09-19

Postal Code

750482

Marital status (tick one):

☐ Single

☒ Divorced

☐ Widowed

☐ Separated

☐ Married

MINISTRY OF  
MANPOWER**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:

  

Spouse's gender (tick one):

☐ Female☐ Male

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

Spouse's NRIC (if any):

Spouse's FIN (if any):

Passport no.:

Passport expiry date (dd/mm/yyyy):

Spouse's nationality:

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.:

Email:

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

YEO CHOON SENG (YANG CHUNSHENG)

NRIC/Passport number of sponsor 1

S 71424800

Signature of sponsor 1

Name of sponsor 2

NRIC/Passport number of sponsor 2

Signature of sponsor 2

Date (DD-MM-YYYY)

12-03-19

## Your application is successful.

The following employer's application for exemption of FDW EOP is approved. Please keep the documents as listed in the MOM Webpage for at least 3 months for MOM's verification.

Reference No.	EEOP-2019-03-11-6740
Employer's Name	YEO SOON CHYE
Employer's Identification No.	S1015711J
Exemption Reason	Employer is 60 years of age or more and suffers physical discomfort
Exemption Date	11/03/2019
Status of Representative	YEO GEK CHIN (S1688309C) has attended EOP

