



PARTE

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:	orthic traff 2.
2. The sponsors' combined monthly income range:	
	19 1 2 4 ED 1 =
Have the sponsor(s) worked in Singapore for the last 2 years? (lic	k one):
L Yes L No	All the tips of the tips
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 they can afford to maintain the helper	other documents to show that
Allow MOM to verify the sponsor(s)' income with IRAS. Please p	rovide 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:		
MOTHER	nii n ga sa sa sa	interest
Full name:		er 11
NE WEE BANG		
Gender (tick one): Female Male		
Date of birth (dd/mm/yyyy): 22 / 0 7 / (9 6 0)	×	
NRIC (if any): S. 1. 4.3.8. 8.7.9.F		
Nationality: Singa porean		
Residential status (tick one): Singapore Citizen Permanent Resident		
Residential address: 66 Tanan Merah Keehil Avenue		
H 09-30		
singapore	Postal Code 46 50	32
Marital status (tick one): Single Divorced Widowed	☐ Separated ☐ M	arried





PARTE

f sponsor 1 is married, please complete this section.	1.0
Was the marriage registered in Singapore? (tick one):	<u> </u>
Yes No	
Spouse's full name:	Se.
	1911 2 11-1 11-1
	,
	-,1
Spouse's gender (tick one): Female Male	a good on the god
Spouse's date of birth (dd/mm/yyyy):	* anazychis
Spouse's NRIC (if any): Spouse's FIN (if any):	
Passport no.: Passport expiry date (dd/n	mm/yyyy):
	physically
Spouse's nationality:	
V	
Spouse's residential status (tick one):	
Singapore Citizen Permanent Resident	Long-Term Visit Pass (LTVP)
Employment or S Pass Dependant's Pass	L Diplomat
L Others	
Sponsor 1's contact details	
Mobile no.: + 6 5 97 38 5708	
Email:	
paul a typisin-com.sg	
Residential address: 166 Tarah Merah Kechil Avenue	
#09-30	,
Singapore	Postal Code 465532
1 3 Martino	7,00

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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.

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I/We must pay the foreign domestic worker levy and all other employment related expenses on behalf of YE0 _(Name of employer), for as long as we remain sponsor(s).

Name of sponsor 1.

No wee Beno

NRIC/Passport number of sponsor 1

S1438879F

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Name of sponsor 2

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Signature of sponsor 2

Kaladada kanang kang kanang at ting an antah dalam kang kanang bang makan Date (DD-MM-YYYY)

21.05.2019





Declaration by sponsor(s)

I/We declare that

- 1. I/We are responsible for the upkeep, maintenance and well bring of the foreign domestic worker.
- 2. If We remain responsible for this foreign domestic worker as long as we remain sponsor(s).
- If there apply for a new foreign domastic worker, MOM will take into consideration our existing responsibilities for the foreign domestic worker.

Name of sponsor 1

No wice Beng

NRIC/Passport number of spensor 1

S1438879F

Signature of sponsor 1

Name of sponsor 2

NRIC/Passport number of sponsor 2

Signature of sponsor 2

Date (DD-MM-YYYY)

21.05.2019



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-2019-05-21-8176

Employer's Name

YEO AH CHOO

(Mother)

Employer's Identification No.

S2077796F

Exemption Reason

Employer is 60 years of age or more and suffers

physical discomfort

Exemption Date

21/05/2019

Status of Representative

NG WEE BENG (S1438879F) is/was a FDW Employer