



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:

10,000 - 20,000

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.:



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About sponsor one

Relationship with the employer:

Son.

Full name:

Daniel Chong Jyh Tar

Gender (tick one):

☐ Female

☒ Male

Date of birth (dd/mm/yyyy):

29 / 04 / 1974

NRIC (if any):

S7414768B

Nationality:

Singaporean

Residential status (tick one):

☒ Singapore Citizen

☐ Permanent Resident

Residential address:

20 Bedok North Drive 07-14

Postal Code

465496

Marital status (tick one):

☐ Single

☐ Divorced

☐ Widowed

☐ Separated

☒ Married



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If sponsor 1 is married, please complete this section.

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

☒ Yes

☐ No

Spouse's full name:

Lim Huan Meng Lorraine

Spouse's gender (tick one):

☒ Female

☐ Male

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

18/03/1975

Spouse's NRIC (if any):

S7516261H

Spouse's FIN (if any):

Passport no.:

E5418987E

Passport expiry date (dd/mm/yyyy):

26/11/2020

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 96235680

Email:

daniel.chong@gmail.com

Residential address:

20 Bedok North Drive 07-14

Postal Code

465496



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

Daniel Chong Jyh Ter

NRIC/Passport number of sponsor 1

S74147688

Name of sponsor 2

NRIC/Passport number of sponsor 2

Signature of sponsor 1

[Signature]

Date (DD-MM-YYYY)

12/01/2020

Signature of sponsor 2

Date: _____

To:

Work Permit Department
Ministry Of Manpower
18 Havelock Road
Singapore 059764

Dear Sir / Madam

CONSENT TO TRANSFER FOREIGN DOMESTIC WORKER

FOREIGN DOMESTIC WORKER

Mai Zin Mar Khain

WORK PERMIT

0 9468 4218

DATE OF APPLICATION

I, Lua Eng Teng of NRIC / Passport No S1831539 D
(Name of Current Employer)

Agree to release my Foreign Domestic Worker named above to the prospective employer

(Name of Prospective Employer)

Pending the outcome of the application, I undertake all responsibilities for the employment of the said Foreign Domestic Worker and will extend her work permit (if necessary).

If the application is not approved, I will repatriate this worker.

My

Signature of Current Employer

REPUBLIC OF SINGAPORE
CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

309197Z

DECEASED	Death registered at KHOO TECK PUAT HOSPITAL, SINGAPORE						
	Full name of deceased LUA ENG TENG						
	NRIC/Identification Document No. S1831539D		Sex FEMALE	Date of birth 18/10/1951			
	Race/Dialect Group CHINESE/HOKKIEN		Nationality SINGAPORE CITIZEN	Country/Place of birth MALAYSIA			
	Home Address APT BLK 407 YISHUN AVENUE 6 #06-1278 SINGAPORE 760407			Date and hour of death 05/01/2020 1712			
	Place or Address where death occurred KHOO TECK PUAT HOSPITAL			Approximate interval between onset and death			
CAUSE OF DEATH BY CERTIFIER	I (a) CARCINOMA IN SITU: BRONCHUS AND LUNG			Years	Months	Days	Hours
	Disease or Condition leading to death				5		
	(b)						
	Antecedent Causes						
CAUSE OF DEATH BY CERTIFIER	II Other Significant conditions						
	(c)						
Name and official status of person certifying cause of death DR NAIR SWETHA, MEDICAL PRACTITIONER				Certificate of Cause of Death Reference No.: COD-2020-KC-000219 Date: 05/01/2020			
INFORMANT	Name QUAR HUA SOON			I certify that the above information given by me is correct.			
	Address APT BLK 116A JALAN TENTERAM #30-539 SINGAPORE 321116			05 JAN 2020			
	NRIC/Identification Document No. S7024451I			Informant's Signature/ Date			
	Relationship SON			Thumb impression			
REGISTRATION OFFICER	Name of Registration Officer V ELANGESWAARI Designation REGISTRATION OFFICER Date 05/01/2020			Acute & Emergency Care Centre Khoo Teck Puat Hospital 90 Yishun Central Singapore 768328 Commissioner of Public Health			

DISPOSITION	PERMIT TO BURY/CREMATE BODY [The Environment Public Health Act (Chapter 95)]	
	Place of Burial or Place of Cremation PHOR KARK SEE TEMPLE(BRIGHT HILL TEMPLE)	Religious type TAOIST
INFORMANT MAKING APPLICATION	I QUAR HUA SOON NRIC/Identification Document No S7024451I apply for a permit to <input type="checkbox"/> bury + <input checked="" type="checkbox"/> cremate + 309197Z the deceased referred to in the Death Certificate No. For application to cremate only <input checked="" type="checkbox"/> I certify that to the best of my knowledge, the deceased has no written direction that he/she should not be cremated +	05 JAN 2020 Informant's Signature/ Date Thumb impression
	The Certificate of Cause of Death certified that there is <input checked="" type="checkbox"/> No evidence of pacemaker in the body of the deceased + <input type="checkbox"/> Evidence of pacemaker/device removed from the body of the deceased + Permit is approved. 05 JAN 2020 Date	Acute & Emergency Care Centre Khoo Teck Puat Hospital 90 Yishun Central Singapore 768328 Commissioner of Public Health



Work Pass Division
Ministry of Manpower
18 Havelock Road
Singapore 059764
Telephone : (65) 64385122
Website : <http://www.mom.gov.sg>
Email : mom_wpd@mom.gov.sg

EMPLOYMENT HISTORY OF WORK PERMIT HOLDER

Date printed : 12/01/2020
Employment Agency : UNITED CHANNEL SERVICES PTE. LTD. (11C4954)

Worker Details

WP No. : 0 94684218
Name of Worker : MAI ZIN MAR KHAING
DOB of Worker : 26/10/1990
Sex : FEMALE
Worker's FIN : G8851517Q
Passport No. : ME260947
Nationality : MYANMAR

Employment History

Results Found : 1

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 1	06/08/2019		General Household

No person shall in any way make any additions, modifications, adjustments or alterations to the information, or further disclose the information to any other person(s) unless required by the Ministry of Manpower.

.....
Name of Employer

.....
Date

.....
Sign