



Hui Wai Quen
today at 15:33



Spencer Sun.



Chat muted [Undo](#)



Hui Wai Quen
today at 15:34



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7400996D




Name
JENNY CHEW

Race
CHINESE

Date of birth
04-01-1974

Sex
F

Country of birth
SINGAPORE



S7400996D

3 5 3 4 3 7 9



NRIC No. S7400996D



Date of issue
13-05-2004

150 PRINCE CHARLES CRESCENT #15-03
SINGAPORE 159012

NRIC No: S7400996D Date: 05/05/2017



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:

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 in law

Full name:

Hui Wai Quen

Gender (tick one):

☐

Female

☒

Male

Date of birth (dd/mm/yyyy):

26 / 11 / 1977

NRIC (if any):

S7735839J

Nationality:

Singapore

Residential status (tick one):

☒

Singapore Citizen

☐

Permanent Resident

Residential address:

150 Prince Charles Crescent #15-03

Postal Code

159012

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:

Jenny Chew

Spouse's gender (tick one):

☒ Female

☐ Male

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

04 / 01 / 1974

Spouse's NRIC (if any):

S74009960

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.:

+ 6 5 91902488

Email:

Residential address:

150 Prince Charles Crescent #15-03

Postal Code

159012

Application for a foreign domestic helper work permit



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

HUI WAI QUEN

Name of sponsor 2

NRIC/Passport number of sponsor 1

S7735839J

NRIC/Passport number of sponsor 2

Signature of sponsor 1

Signature of sponsor 2

Date (DD-MM-YYYY)

06-12-2020

Annex A

Employer and Spouse Income Tax Declaration

This form may take you 1 minute to fill in.

Please complete this form only if you do not wish to submit your Income Tax Notice of Assessment when applying for a Work Permit (WP) for a foreign domestic worker.

Part I – Monthly Combined Income of Employer and Spouse

Please tick (✓) the appropriate box.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Below \$2,000 | <input type="checkbox"/> \$2,000 to \$2,499 | <input type="checkbox"/> \$2,500 to \$2,999 | <input type="checkbox"/> \$3,000 to \$3,499 |
| <input type="checkbox"/> \$3,500 to \$3,999 | <input type="checkbox"/> \$4,000 to \$4,999 | <input type="checkbox"/> \$5,000 to \$5,999 | <input type="checkbox"/> \$6,000 to \$7,999 |
| <input checked="" type="checkbox"/> \$8,000 to \$9,999 | <input type="checkbox"/> \$10,000 to \$12,499 | <input type="checkbox"/> \$12,500 to \$14,999 | <input type="checkbox"/> \$15,000 to \$19,999 |
| <input type="checkbox"/> \$20,000 to \$24,999 | <input type="checkbox"/> \$25,000 and above | | |

Part II – Authorisation by Employer and His/Her Spouse





If either you and/or your spouse do not wish to submit a copy of your Income Tax Notice of Assessment, please complete Part II and authorise the Comptroller of Income Tax to verify your income range stated in Part I above and communicate the results of the verification to the Controller of Work Passes.

I, _____, *NRIC/WP No/FIN: _____,
(Name of employer)

and/or I, _____, *NRIC/WP No/FIN: _____,
(Name of the employer's spouse)

authorise the Comptroller of Income Tax to verify *my/our income tax range stated in Part I above, based on *my/our assessment record(s) for the current Year of Assessment and the two previous Years of Assessment, for the Controller of Work Passes. *I/We also authorise the Comptroller of Income Tax to thereafter communicate the results of the verification to the Controller of Work Passes.

In the event that *my/our assessment record(s) for the current Year of Assessment *is/are not available or finalised at the point of verification, I*/we understand that the Comptroller of Income Tax will verify *my/our income range stated in Part I against *my/our assessment record(s) for the two previous Years of Assessment.

Employer	Employer's Spouse
Income Tax Notice of Assessment No:	Income Tax Notice of Assessment No:
	
Signature:	Signature:
	
Date:	Date:

*Delete where inapplicable

