




Mr Ang

yesterday at 18:47





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

EMPLOYMENT HISTORY OF WORK PERMIT HOLDER

Date printed : 09/07/2020
Employment Agency : UNITED CHANNEL SERVICES PTE. LTD. (11C4954)

Worker Details

WP No. : 0 93689429

Name of Worker : WIN SANDAR LIN

DOB of Worker : 22/05/1992

Sex : FEMALE

Worker's FIN : G2691132Q

Passport No. : ME692597

Nationality/Citizenship : MYANMAR

Employment History

Results Found : 2

Employer	Period of Employment		Industry
	Start Date	End Date	
Employer 2	05/03/2016	15/02/2020	General Household
Employer 1	19/08/2015	05/03/2016	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.

孙秀金

13/7/2020



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:

\$6000 - \$7999

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:

Ang Thiam Poh

Gender (tick one):

☐ Female

☒ Male

Date of birth (dd/mm/yyyy):

05/12/1971

NRIC (if any):

S7143234C

Nationality:

Singaporean

Residential status (tick one):

☒ Singapore Citizen

☐ Permanent Resident

Residential address:

15 Koran Road

#03-01

Postal Code

548189

Marital status (tick one):

☐ Single

☐ Divorced

☐ Widowed

☐ Separated

☒ Married

Application for a foreign domestic helper work permit



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:

Tan Sor Koon

Spouse's gender (tick one):

☒

Female

☐

Male

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

16/09/1971

Spouse's NRIC (if any):

S7334411E

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 98150174

Email:

wengahbao@yahoo.com

Residential address:

15 Kovan Rd

#03-01



PART B

About sponsor 2 (if any)

Relationship with the employer:

Full name:

Gender (tick one):

☐ Female

☐ Male

Date of birth (dd/mm/yyyy):

NRIC (if any):

Nationality:

Residential status (tick one):

☐ Singapore Citizen

☐ Permanent Resident

Residential address:

Postal Code

Marital status (tick one):

☐ Single

☐ Divorced

☐ Widowed

☐ Separated

☐ Married

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

Name of sponsor 2

NRIC/Passport number of sponsor 1

NRIC/Passport number of sponsor 2

Signature of sponsor 1

Signature of sponsor 2

Date (DD-MM-YYYY)



PART B

If sponsor 2 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 2's contact details

Mobile no.:

+ 6 5

Email:

Residential address:

Postal Code

sponsor (son)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7143234C



ANG THIAM POH
(WENG TIANBAO)
翁添保
CHINESE
Date of birth: 05-12-1971 Sex: M
Country of birth: SINGAPORE



A0648458



NRIC No: S7143234C




Record Group: A+ Date of issue: 27-07-2001


15 KOVAN ROAD #03-01
SINGAPORE 548169
NRIC No: S7143234C Date: 08/03/2014

Sponson (wife)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7334411E



Name
TAN SOR KOON
(CHEN SUJUN)
陈素君




Race
CHINESE

Date of Birth
16-09-1973

Sex
F

Country of Birth
SINGAPORE



2120084



NRIC No. S7334411E



Blood Group
O+

Date of issue
11-06-1994

15 KOVAN ROAD #03-01 SINGAPORE 548189

NRIC No: S7334411E Date: 10/03/2014

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, ANG THIAM POH, *NRIC/WP No/FIN. S 7143 234 C
(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: <u>13</u>	Income Tax Notice of Assessment No: <u>13</u>
Signature: <u>AS</u>	Signature: <u>13</u>
Date: <u>13</u>	Date: <u>13</u>

*Delete where inapplicable

