

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 type="checkbox"/> \$8,000 to \$9,999 | <input checked="" 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)

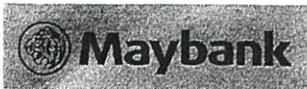
and/or I, _____, *NRIC/WP No/FIN: _____,
(Name of the employer's spouse)

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



BRANCH : 015 Marine Parade Branch

18 Sep 2018

OUR REF : CDA050P



00000042

KAM LEON NEO
2 GEYLANG EAST AVENUE 2
#13-06 SIMSVILLE
SINGAPORE 389754

Dear Sir/Madam

TIME DEPOSIT ADVICE

We wish to inform you that you maintain the following Time Deposit with us.

Account No	:	20120162633	Deposit Advice No	:	24152549258
Principal	:	25,000.00	Effective Date	:	18/09/2018
Interest Rate	:	1.3000000	Interest	:	325.00
Term	:	12M	Maturity Date	:	18/09/2019
Currency	:	SGD			

Please check your advice and notify the Bank of any discrepancy within 14 days from the date of this letter.

Should you have any enquiry, please contact our Customer Relationship Executives on 1800-MAYBANK (1800-629 2265) or (65)6533 5229 (Overseas).

Thank you for banking with Maybank.

This letter does not require a signature.

Deposit Insurance Scheme: Singapore dollar deposits of non-bank depositors are insured by the Singapore Deposit Insurance Corporation, for up to S\$50,000 in aggregate per depositor per Scheme member by law. Monies and deposits denominated in Singapore dollars under the CPF Investment Scheme and CPF Retirement Sum Scheme are aggregated and separately insured up to S\$50,000 for each depositor per Scheme member. Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured.

定期存款单
TIME/FIXED DEPOSIT ADVICE
Time/Fixed Deposit

KAM LEON NEO
2 GEYLANG EAST AVENUE 2
#13-06 SIMSVILLE
SINGAPORE 389755

日期
DATE : 27NOV2018

旧定期存单例号
OLD TIME/FIXED DEPOSIT NO. :

户号 ACCOUNT NO.

定期存单例号 TIME/FIXED DEPOSIT NO.

362-003-501-5
货币及金额 CURRENCY & PRINCIPAL AMOUNT

000006
起息日 VALUE DATE

到期日 DUE DATE

SGD15,000.00
到期利息 INTEREST DUE

27NOV2018
年利率% (基准) INTEREST RATE % P.A. (BASIS)

27FEB2019
存期 (天数) TERM (DAYS)

SGD7.56

0.200000 (365)

3M (0092)

We have effected withdrawal from the following account for the above deposit
Debit Account KAM LEON NEO
362-003-501-5
TD No.000005

27NOV2018 14:30 136 BRDQAH 000036
附注 REMARKS

Interest Disposition: Add-On

Deposit Insurance Scheme: Singapore dollar deposits of non-bank depositors and monies and deposits denominated in Singapore dollars under the Supplementary Retirement Scheme are insured by the Singapore Deposit Insurance Corporation, for up to S\$50,000 in aggregate per depositor per Scheme member by law. Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured. Monies and deposits denominated in Singapore dollars under the CPF Investment Scheme and CPF Minimum Sum Scheme are aggregated and separately insured up to S\$50,000 for each depositor per Scheme member.

本确认通知单系由电脑打印。不须签署。THIS ADVICE IS COMPUTER-GENERATED AND REQUIRES NO SIGNATURE.
United Overseas Bank Limited Co. Reg. No. 193500026Z

请见背面 PLEASE SEE REVERSE

KAM LEON NEO
2 GEYLANG EAST AVENUE 2
#13-06 SIMSVILLE TOWER 2
SINGAPORE 389754

日期 Date: 24-09-2018
开户行 Branch: Singapore Branch



新元/外币定期存款续存通知书 SGD/FOREIGN CURRENCY TIME DEPOSIT RENEWAL ADVICE

兹证实您(们)/贵公司在我行的定期存款续存资料如下:

We are pleased to advise that your Time Deposit renewal information is indicated below.

账号 Account No. 650090001943899 存单号 Deposit No. 001 03 货币 Currency: CNY

续存 Renewal	本金 Principal	年利率 Int Rate (% p.a.)	存期 Tenor	起息日 Value Date	到期日 Maturity Date	天数 Number of Days	到期利息 Maturity Interest
上期 Previous	50,060.47	4.1000	-	22-03-2018	24-09-2018	186	1,060.45
本期 Present	51,120.92	4.1000	6M	24-09-2018	25-03-2019	182	1,059.62



上述存款, 本利经按指示存期续存。

The above Principal together with the interest payable has been renewed.



上述存款, 经按指示将本金续存, 利息则作以下处理:

The above Principal has been renewed and the interest payable effected as per your instruction as follows:



贷记您在本行的账户 Credited to your account no.



贷记您指定的他行账户 Transferred to your designated account with other bank.

存款保险计划 Deposit Insurance Scheme:

根据法律规定, 凡是非银行(例如: 个人、企业及组织)存户, 在每计划会员所持有的新元存款都获得新加坡存款保险公司承保总额高达5万新元。

外币存款、双货币投资、结构性存款及其它投资产品都不受保。更多详情请浏览 www.sdic.org.sg。

Singapore dollar deposits of non-bank depositors are insured by the Singapore Deposit Insurance Corporation, for up to S\$50,000 in aggregate per depositor per Scheme member by law. Foreign currency deposits, dual currency investments, structured deposits and other investment products are not insured. Please visit www.sdic.org.sg for full details.

请仔细审查续存通知书, 若发现有错漏, 请立即通知本行。在本通知书发出14天内, 若您未以书面提出异议, 则当成您已确认并接受此交易准确无误并具有约束力。Please check this renewal advice carefully and notify us immediately if there is any discrepancy or inaccuracy. The particulars, details and information contained in this advice shall be conclusive and binding on you if we do not receive any written notification from you within fourteen (14) days from the date of this advice.

如需要联系我行或获知更多信息, 请致电1800-66 95566 (新加坡) / 65-677 95566 (海外) 或浏览网址 www.bankofchina.com/sg。

For assistance or more information, please call 1800-66 95566 (Singapore) / 65-677 95566 (Overseas) or visit our website at www.bankofchina.com/sg.

若更换地址或联系号码, 请通知本行。Please notify us of any change of address or contact number.

此通知书由电脑打印, 不需签字。This is a computer generated advice and no signature is required.

SPECIAL INSTRUCTIONS

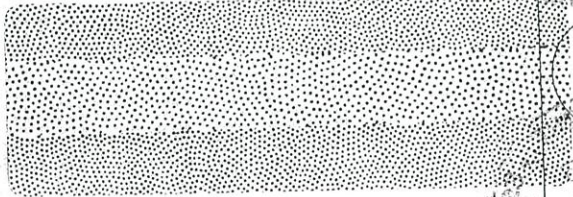
SIGNATURE/THUMB IMPRESSION



WITNESSED BY

[Signature]

WITNESSED BY



[Signature]

Withdrawals By Any One Signatory

A/C NO : 124-43551-0 TYPE: JOINT-ALT

MDM KAM LEON NEO

NAME : MR YEO WEIHONG

1334276H

NRIC NO : 9005964E

Residential addresses updated with the National Registration Office will be transmitted to POSBank for updating via the One Stop Change of Address Reporting Service (OSCARS).

Date	Deposit	Withdrawal	Balance	Transaction Reference
1 270418 SI	1,100.00		*****4,102.00	8P15
2 280518 SI	1,100.00		*****5,202.00	8P15
3 270618 SI	1,100.00		*****6,302.00	8P15
4 270718 SI	1,100.00		*****7,402.00	8P15
5 270818 SI	1,100.00		*****8,502.00	6P9B
6 270918 SI	1,100.00		*****9,602.00	6P9B
7 270918 ITR		5,000.00	*****4,602.00	6P9B
8 041018 ITR	5,000.00		*****9,602.00	6P9B
9 151018 ITR		1,000.00	*****8,602.00	6P9B
10 271018 SI	1,100.00		*****9,702.00	6P9B
11 171118 ITR		1,602.00	*****8,100.00	6P9B
12 271118 SI	1,100.00		*****9,200.00	6P9B
13 301118 ICT		500.00	*****8,700.00	6P9B
14 121218 ITR	1,300.00		*****10,000.00	6P9B
15 141218 ITR	3,900.00		*****13,900.00	6P9B
16				
17				
18				
19				
20				
21				
22				

PLEASE CHECK ALL ENTRIES BEFORE LEAVING THE BANK

With our wide range of banking products and services, we can meet all your financial needs, whatever they may be, wherever you are.

For enquiries: -

To report loss of your ATM card:-

Deposit Insurance Scheme

ACCOUNT DETAILS

KAM LEON NEO

S1334276H



	Date	Deposit	Withdrawal	Balance	Transaction Reference
1	301118 CCC		500.00	*****5,490.85	8P1Y
2	011218 POS		259.04	*****5,231.81	8P1Y
3	011218 POS		74.98	*****5,156.83	8P1Y
4	051218 PTX		19.37	*****5,137.46	8P1Y
5	131218 CAM	990.00		*****6,127.46	8P1Y
6	131218 CAM	450.00		*****6,577.46	8P1Y
7	141218 CAM	450.00		*****7,027.46	8P1X
8	181218 AWL		40.00	*****6,987.46	8P1X
9	181218 AWL		30.00	*****6,957.46	8P1X
10	181218 AWL		20.00	*****6,937.46	8P1X
11	181218 ITR		3,500.00	*****3,437.46	8P1X
12	191218 CAM	600.00		*****4,037.46	8P1X
13	191218 BIL		150.00	*****3,887.46	8P9B
14	201218 AWL		350.00	*****3,537.46	8P9B
15	201218 ITR	2,500.00		*****6,037.46	8P9B
16					
17					
18					
19					
20					
21					
22					

Please check all entries before leaving the Bank.