

Nov 30 2018

MR ONG HOCK WA &/OR
MS SOMALI TUTI FARIDA
28 MARINE CRESCENT
MARINE CRESCENT VILLE #25-17
SINGAPORE 440028

(4400285)

008524

For account enquiries or banking needs, please call our
24-Hour CitiPhone Banking at (65) 6225-5225 or log on
to www.citibank.com.sg

For investment and insurance enquiries, please contact
your Citibank Personal Banker BARRY TING-
UNTAGGED, at 6426 3388. RIN:

SUMMARY OF YOUR CITI PRIORITY ACCOUNT

All amounts are in Singapore Dollars as of Nov 30 2018 unless otherwise stated

	SGD Equivalent Balance - Nov 30 2018	
	Assets	Liabilities
Checking	294,293.65	
TOTAL	294,293.65	0.00

Checking

Product Type	Account No.	CCY	Balance
CitiAccess	0305406553	USD	126,165.94
Citi MaxiGain Account	0305406545	SGD	121,408.46
Checking Total		SGD Equivalent	294,293.65

DETAILS OF YOUR CITI PRIORITY ACCOUNT

Your Checking Details

CitiAccess 0305406553 USD

Transactions Done

Txn Date	Value Date	Description	Reference	Withdrawals	Deposits	Balance
Nov 01 2018	Nov 01 2018	OPENING BALANCE				90,061.40
Nov 02 2018	Nov 02 2018	CGT INWARD TRANSFER	ICCEX1811024460706		6,000.00	96,061.40
		6000.00 USD Indonesia ID ID ICCEX1811024460706				
Nov 05 2018	Nov 05 2018	CGT INWARD TRANSFER	ICCEX1811054464427		4,000.00	100,061.40
		4000.00 USD Indonesia ID ID ICCEX1811054464427				
Nov 13 2018	Nov 13 2018	CGT INWARD TRANSFER	ICCEX1811134475077		9,000.00	109,061.40
		9000.00 USD Indonesia ID ID ICCEX1811134475077				
Nov 14 2018	Nov 14 2018	CGT INWARD TRANSFER	ICCEX1811144476199		9,100.00	118,161.40
		9100.00 USD Indonesia ID ID ICCEX1811144476199				

Work Pass Division
18 Havelock Road
Singapore 059764
Tel: 6438 5122
www.mom.gov.sg
mom_wpd@mom.gov.sg



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 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 checked="" 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, Tuti Farida Somali, *NRIC/WP No/FIN: SXXXX463C
(Name of employer)

and/or I, Ong Hock Wla, *NRIC/WP No/FIN: SXXXX512E
(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