

08 May 2018



DATE OF APPLICATION

WORK PERMIT NUMBER

HELPER NAME

0 92751910

KHAING KHAING MAW

# To be signed by the various parties and uploaded as part of the issuance process



TYPE OF APPLICATION STANDARD APPLICATION

# Part I. Helper and employment

### About the helper

KHAING KHAING MAW Full name

> G6897984L FIN

0 92751910 Work permit number

MA423375 Passport number

26 Feb 2019 Passport expiry date

Not in Singapore Immigration pass

> Myanmar Nationality

> > **Female** Gender

14 Sep 1986 Date of birth

Myanmar Birth place

Buddhist Religion Burmese Ethnic group

8 years of formal education?

Highest education level

Secondary with spm or

gce o level Married

Marital status

Monthly salary

\$540

Rest days per month

Fee paid to Employment

4

Agency by the helper

540

# About the helper's spouse

# About the employment

Name

Residential status

Not a Singapore Citizen or Permanent Resident

Employer's name

Place of employment

LIM SIANG HWA (LIN XIANGHUA) 39 UPPER BOON KENG

ROAD #25-2408

Singapore 380039





WORK PERMIT NUMBER

HELPER NAME

08 May 2018

0 92751910

KHAING KHAING MAW

#### Part I. Declaration by foreign domestic worker

#### I declare that:

- 1. I have read and understood the conditions of work permit, which are set out in the Employment of Foreign Manpower (Work Passes) Regulations c 91A, available at www.mom.gov.sg
- 2. I have had at least eight years of formal education and have the certificates to prove this. (This does not apply to you if you have been employed as a foreign domestic worker or confinement nanny in Singapore before.)
- 3. I have never been convicted of a criminal offence in any country or state.
- 4. For the purpose of assessing this application, I consent for the Government of Singapore and its statutory authorities to obtain from and verify information with any person, organisation or any other source, and to disclose such information to its authorised agents. For the purpose of my employment, I also consent for the Government of Singapore and its statutory authorities to display my employment information on the MOM's work pass systems, and to disclose such information to any relevant person or organisation.
- 5. I consent to the Ministry of Manpower displaying my work pass details when my work pass card is scanned using the Ministry of Manpower's work pass mobile application.
- 6. All the documents that have been submitted on my behalf in support of this Application for a Work Permit are true copies of the authentic documents.

Name of worker

Work permit number of worker

KHAING KHAING MAW

0 92751910

Signature of worker

Date (DD-MM-YYYY)

Maw

18 MAR 2018





WORK PERMIT NUMBER

HELPER NAME

08 May 2018

0 92751910

KHAING KHAING MAW

### Part II. Prospective employer

### About the employer

## About the employer's spouse

Full name

LIM SIANG HWA (LIN Full name

XIANGHUA)

**Female** 

Gender

04 Oct 1979 Date of birth

Nationality Singapore citizen

Residential status Singapore citizen

> S7930378Z NRIC

Married Marital status

**HDB 5 rooms** Housing type

LEE KENG YONG TRAVIS (LI JINRONG TRAVIS)

Male Gender

08 Jan 1980 Date of birth

Singapore citizen Nationality

Residential status Singapore citizen

> S8000596B NRIC

#### **Contact details**

Mobile number

+65 81612411

Email

travisleeky@gmail.com

Residential address

39 UPPER BOON KENG

ROAD

#25-2408

Singapore 380039

#### Employer's household details

Number of family members in the household (excluding employer and spouse): 2

Full name	ID number	ID type	Date of birth	Relationship
Lee Beng Chit George (Li Mingzhe)	T1401402G	Birth Certificate	09 Jan 2014	Son
Lee Beng Kiat Paul (Li Mingjie)	T1640854E	Birth Certificate	28 Dec 2016	Son





WORK PERMIT NUMBER

HELPER NAME

08 May 2018

0 92751910

KHAING KHAING MAW

#### Part II. Declaration by employer

#### I declare that:

- 1. I have read and understood the applicable conditions and regulatory conditions of work permit set out in the Employment of Foreign Manpower (Work Passes) Regulations ("EFMR"), available at www.mom.gov.sg.
- 2. In order for MOM to assess my application, I consent to the Government of Singapore and statutory authorities to getting from and verifying information with any person, organisation or any other source. Further, I consent to the information obtained in this process to be released to the Government of Singapore, its statutory authorities and their authorised agents.
- 3. To the best of my knowledge, the foreign domestic worker (if she has not worked as a foreign domestic worker or confinement nanny in Singapore before) has had a minimum of eight years of formal education and has educational certificates as documentary proof of this.
- 4. I have obtained written consent from the foreign domestic worker to perform this transaction. I will produce this consent when requested by the authority.
- 5. I consent to the Ministry of Manpower displaying work pass details when the foreign domestic worker's work pass card is scanned using the Ministry of Manpower's work pass mobile application.
- 6. I am not related to the foreign domestic worker.
- 7. I have ensured that the foreign domestic worker fully understands the contents of PART I and that it was signed by the foreign domestic worker.
- 8. The information in this application and any appeals I have made in relation to this application are, to the best of my knowledge, true and correct; and that all documents submitted in support of this application and any appeals made in relation to the application, are true copies of the authentic documents.
- 9. I am aware of and shall fulfil my obligations as an employer of a foreign domestic worker under the Employment of Foreign Manpower Act (Chapter 91A) ("EFMA") and EFMR which includes the following:
  - a. Pay her salary promptly
  - b. Pay for her upkeep and maintenance, including medical treatment
  - c. Provide acceptable accommodation for her
  - d. Should she die while in Singapore, pay for her burial or cremation and pay for her body and belongings to be returned to her home
  - e. Take her to the Controller of Work Passes when required by MOM
  - f. Inform the Controller of Work Passes in writing within seven days when her employment ends by cancelling her work permit
  - g. Arrange and pay for her passage home, after giving her reasonable notice and paying her outstanding salary
- 10. I shall take reasonable steps to ensure that my foreign domestic worker complies with the EFMA and the EFMR. Such steps shall include reporting to the Controller of Work Passes if I know that she is non-compliant.
- 11. I understand that if I breach any of my obligations as an employer of a foreign domestic worker, my Security Bond in the sum of \$5,000 which I have furnished to the Controller of Work Passes may be forfeited fully or in part. I also understand if there is only partial forfeiture, the Government of Singapore may forfeit the rest at a later point in time for the same breach or a different breach.
- 12. I also understand that if I breach any of my obligations as an employer of a foreign domestic worker, other enforcement actions may be taken against me in addition to my Security Bond being forfeited fully or in part.

Name of employer

LIM SIANG HWA (LIN XIANGHUA)

NRIC/FIN

S7930378Z

Signature of employe

RI

Date (DD-MM-YYYY)

18 MAR 2018





WORK PERMIT NUMBER

HELPER NAME

08 May 2018

0 92751910

KHAING KHAING MAW

### Part III. Employment Agency

## **About the Employment Agency**

Name

UNITED CHANNEL

**EMPLOYMENT AGENCY** 

PTE. LT

Licence no.

07C4306

Telephone

+65 63448807

Address

#### Part III. Declaration by Employment Agency

This declaration must be completed by the Employment Agency or intermediary who is making the application on behalf of the employer. (If more than one Employment Agency or intermediary is used, please download additional declaration sheets from MOM's website.)

I declare that:

- 1. I am the Employment Agency personnel handling this application.
- 2. To the best of my knowledge, the foreign domestic worker (if she has not worked as a foreign domestic worker or confinement nanny in Singapore before) has had a minimum of eight years of formal education and has educational certificates as documentary proof of this.
- 3. I have obtained written consent from the employer and foreign domestic worker to perform this transaction. I will produce this consent when requested by the authority.
- 4. I have explained the contents of the application and the applicable conditions and regulatory conditions of this work permit, as set out in the Employment of Foreign Manpower (Work Passes) Regulations c 91A, to the foreign employee and the employer.
- 5. The information in this application and any appeals I have made in relation to this application are, to the best of my knowledge, true and correct; and that all documents submitted in support of this application and any appeals made in relation to the application, are true copies of the authentic documents.

Name of Employment Agency personnel

**Employment Agency stamp** 

Employment Agency personnel auguste

Date (DD-MM-YYYY)

18 MAR 2018

Signature of Employment Agency personnel





# **Casino Self-Exclusion Application Form For Foreigners**

USE BLOCK LETTERS

Personal Particulars	
Name (as in Passport)	Passport No
KHAING KHAING MAW	MA423375
Date of Birth (dd/mm/yyyy)	FIN No (if available)
14/09/1986	G6897984L
Nationality	Gender
MYANMAR	FEMALE
Contact Information (of Employer in Singapo	ore - If available)
Address	
39 UPPER BOON KENG ROAD #25-2408 Singapore 380039	
Contact No	Email (if available)
+65 81612411	travisleeky@gmail.com