



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



TYPE OF APPLICATION
STANDARD APPLICATION

DATE OF APPLICATION
12 JAN 2016

Part I. Helper and employment

About the helper

Full name	PALAGIRI ALIYABEE	Date of birth	01 Jan 1976
FIN	-	Birth place	India
Work permit number	0 37086967	Birth province	Andhra pradesh
Passport number	M3893365	Religion	Muslim
Passport expiry date	02 Dec 2024	Ethnic group	Indian
Immigration pass	Not in Singapore	More than 8 years of formal education?	Yes
Nationality	Indian	Highest education level	Post secondary
Nationality province	Andhra pradesh	Marital status	Widowed
Gender	Female	Monthly salary	\$350
		Rest days per month	4

About the employment

Employer's name **MOORI ASHOK KUMAR REDDY**
 Place of employment **359 TAMPINES STREET 34 #02-433 Singapore 520359**

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 domestic worker in Singapore before.)
3. I have never been convicted of a criminal offence in any country or state.
4. 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.

Signature of worker **P. శ్రీమతి రి**

Date (DD-MM-YYYY) **26/01/2016**



Part II. Prospective employer

HELPER NAME
PALAGIRI ALIYABEE

HELPER FIN

DATE OF APPLICATION
12 Jan 2016

NATURE OF APPLICATION
Additional helper

About the employer

MOORI ASHOK KUMAR REDDY
Gender **Male**
Date of Birth **25 Jul 1978**
Nationality **Indian**
Residential status **Singapore PR**
NRIC **S7863695E**
Marital status **Married**
Housing type **HDB 4 rooms**

About the employer's spouse

Full name **BOJJIREDDY SOUJANYA**
Gender **Female**
Date of birth **25 Aug 1984**
Nationality **Indian**
Residential status **Singapore PR**
NRIC **S8477350F**

Income details

Income used for application **Employer's income**
Monthly income range **\$8,000 - \$9,999**
Income proof **IRAS**
Tax reference number **S7863695E**

Contact details

Mobile number **+65 81188449**
Email **ashokvar@gmail.com**
Residential address **359 TAMPINES STREET 34
#02-433
Singapore 520359**

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
MOORI ROCHAN SAI KUMAR REDDY	T0871296J	nric	08 Aug 2008	son
MOORI LAKSHITH SAI KUMAR REDDY	T1271284C	nric	25 Mar 2012	son



Part II. Declaration by employer

Part A. Conditions and regulatory conditions of work permit applicable to the employer of the foreign domestic worker

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 c 91A, 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 in Singapore before) has had a minimum of eight years of formal education and has educational certificates as documentary proof of this.
4. I am not related to the foreign domestic worker.
5. 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.
6. 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.

Part B. Employment of Foreign Manpower Act (EFMA Chapter 91A), Employment of Foreign Manpower (Work Passes) Regulations (EFMR Regulation 12), Security Bond Form for Foreign Workers (Domestic and non-Domestic)

I declare that:

- 1a. I am aware of and shall fulfil my obligations as an employer of a foreign domestic worker under the EFMA and EFMR which includes the following:
 - Pay her salary promptly
 - Pay for her upkeep and maintenance, including medical treatment
 - Provide acceptable accommodation for her
 - 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
 - Take her to the Controller of Work Passes when required by MOM
 - Inform the Controller of Work Passes in writing within seven days when her employment ends by cancelling her work permit
 - Arrange and pay for her passage home, after giving her reasonable notice and paying her outstanding salary
- 1b. 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.

2. As for the security bond,

I declare that:

- a. I understand that the Controller of Work Passes has imposed on me a security bond for the sum of FIVE THOUSAND SINGAPORE DOLLARS (SGD\$5000) payable to the Government of the Republic of Singapore to ensure that I comply with my obligations under the EFMA and EFMR (including those in 1a above)
- b. I have furnished my security bond and I understand that if I breach any of my obligations as an employer of a foreign domestic worker, my Security Bond 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.

Name of employer

M. ASHOK KUMAR REDDY

NRIC/Passport number

S7863695E

Signature of employer

M.A.K.Reddy

Date (DD-MM-YYYY)

26/01/2016



Casino Self-Exclusion Application Form For Foreigners

USE BLOCK LETTERS

Personal Particulars	
Name (as in Passport)	Passport No
PALAGIRI ALIYABEE	M3893365
Date of Birth (dd/mm/yyyy)	FIN No (if available)
01/01/1976	N.A.
Nationality	Gender
INDIAN	FEMALE
Contact Information (of Employer in Singapore - If available)	
Address	
359 TAMPINES STREET 34 #02-433 Singapore 520359	
Contact No	Email (if available)
+65 81188449	ashokvar@gmail.com



Declaration for Applicant (Please Tick All Boxes)

- ☒ I fully understand the content and purpose of this Casino Self-Exclusion application, and that the effect of this application is that I will be excluded from entering the casinos in Singapore. I further understand that this exclusion shall take effect immediately upon my submission of this application to the National Council on Problem Gambling. I am also fully aware that if I choose to enter or remain on the Casino premises after submitting the application and take part in any gaming activities, any winnings paid or payable to me shall be forfeited, and I will not be able to lay any claim to the said winnings.
- ☒ I declare that this application is made voluntarily, without any force or coercion or under any duress.
- ☒ I understand that my application for Self-Exclusion will stay in force indefinitely, unless I apply to revoke from NCPG after a period of at least 1 year. I also understand that NCPG will provide my name and particulars to the relevant agencies and organizations under Section 168(3) of the Casino Control Act to inform them of my Self-Exclusion.
- ☒ I declare that the information provided by me in this application is true and correct and I furnish the information knowing that I may be liable to criminal prosecution if I have stated any information that I know to be false or do not believe to be true.

P. ஜெயசூரன்
Signature

26/01/2016
Date

PLEASE COMPLETE AND SEND THIS FORM BY HAND OR BY REGISTERED MAIL TO:

**THE NATIONAL COUNCIL ON PROBLEM GAMBLING
510 THOMSON ROAD
#05-01
SLF BUILDING
SINGAPORE 298135**

For Administrative Use only		
	Date / Time	Signature
Received by:		
Processed by:		