



WP No. : 036910054
WP Sk : 6



Work Pass Division
Ministry Of Manpower
18 Havelock Road
Singapore 059764
Telephone : (65) 64385122
Facsimile : (65) 65387275
Website : <http://www.mom.gov.sg>
Email : mom_wpd@mom.gov.sg

12/05/2015

INTERNET

MOORI ASHOK KUMAR REDDY
359 TAMPINES STREET 34
#02-433
SINGAPORE 520359



IPA No. : 036910054080515

SB Transmission Ref No. : U660662

Dear Sir / Madam

Foreign Worker : ABILI RAJAMMA
Date of Application : 08/05/2015

Nationality : INDIAN
Passport No. : L6327942

Date of Birth : 20/01/1982

Letter of Notification to bring Foreign Domestic Worker (FDW) into Singapore

Your application to employ the foreign worker named above has been approved in-principle. The worker must enter Singapore by 09/08/2015 or the approval will expire. Upon entering Singapore, she has the next 3 days to submit her educational certificate at the test centre and complete the Settling-In Program (SIP). Otherwise we will revoke the approval.

Entry Visa

2 The Controller of Immigration has approved a Single-Journey Entry Visa for this worker. She will be issued with a Visit Pass and the Visa when she receives her work permit card.

Security Bond & Personal Accident Insurance

3 You are required to:

- (a) execute a Security Bond for this foreign worker. The Security Bond should be backed by a security deposit of \$5000 in the form of a banker's/insurance guarantee valid for 26 months, made out in favour of the "Controller of Work Passes". The security bond must be **electronically transmitted** by your bank/insurance company **at least 1 working day before** the foreign worker arrives in Singapore. Otherwise, the foreign worker will be refused entry. (Please read the overleaf for important information on the Security Bond).
- (b) take up Personal Accident Insurance (PAI) for the domestic worker of an insured sum of not less than \$40,000 and must be valid for at least 26 months. In the case of injury or death of the worker, any money payable under the insurance policy as compensation must be paid to the domestic worker or her beneficiaries.

Medical Insurance

4 You are required to purchase and maintain Medical Insurance for your foreign worker's inpatient care and day surgery. For medical insurance policies taken up or renewed on or after 1 Jan 2010, the insurance coverage must be at least S\$15,000 per year per foreign worker. The insurance details must be transmitted to MOM before you apply for a work permit to be issued. This should have been done by your bank or insurer. You may check if this has been done via the WP Online Service. If the insurance details have not been transmitted, please provide the information when requesting the issuance of the work permit via WP Online.

Temporary Work Permit

5 We have approved a temporary work permit for this worker to allow her to begin employment with you. **The temporary work permit will start upon the worker's completion of the requirement within the first 3 working days of her arrival in Singapore, as specified in Paragraph 1.**

Payment of Levy

6 The current levy rate is \$265.00 a month, or \$8.72 a day for part-month employment. Please note that as a condition of this approval, you have to pay the levy through GIRO deduction. The levy due each month will be deducted through the GIRO on the 17th day of the following month. If the deduction cannot be made on the due date because your bank account has insufficient funds, a penalty will be charged. If you have not made GIRO arrangements, your domestic worker's work permit will be revoked and you will have to repatriate her.

7 The levy will commence on the 5th day of the worker's arrival in Singapore. You are advised to pay the Foreign Worker Levy promptly at all times. If you fail to do so, your worker's Work Permit will be revoked by the Controller of Work Passes.

Medical Examination

8 The domestic worker is required to be examined before the issuance of work permit by a Singapore registered doctor who should complete the attached form.

Submission of Documents to Process Work Permit

9 You need to apply for the issuance of work permit via WP Online within 14 days of the foreigner's arrival in Singapore. Otherwise, the foreigner would have overstayed in Singapore and is liable to be fined/prosecuted. This in-principle approval will also be revoked.

Conditions of Work Permit

10 The employer and domestic worker must abide by the Conditions of Work Permit (please see www.mom.gov.sg). Breach of the Conditions may result in the revocation of the work permit. The employer may also be prosecuted and barred from future work permit applications.

11 Please take some time to read the detailed information overleaf and follow the submission procedures carefully.

Yours faithfully,
Controller of Work Passes

(As this is a computer generated letter, no signature is required)

Security Bond / \$5,000 Security Deposit and Personal Accident Insurance for the domestic worker (not less than \$40,000)

- You can purchase the banker's / insurance guarantee for the security deposit at any insurance company or bank which provides the service. You have to do so **at least 1 working day before** the foreign worker arrives in Singapore. The original Letter of Notification to bring Foreign Domestic Worker (FDW) into Singapore and the completed security bond form must be presented during the purchase. The effective date of the guarantee must be on or before the day the foreign worker arrives.
- You may check if the security bond has been transmitted successfully via the WP Online service (click under 'Enquire > Security Bond Status'). You may do so after 1 working day from the transmission by your bank / insurance company.
- Please ensure that the foreign worker carries a clear copy of this letter upon his / her arrival in Singapore and presents it for immigration clearance.

Issuance of New Work Permit Via WP Online (Before applying for the Issuance of Work Permit, please ensure that the worker's original passport / travel documents is valid for at least 7 months)

- You can apply for the issuance of work permit electronically via **WP Online**. You need to obtain a SINGPASS (Singapore Personal Access) to access the WP Online System under "Services & Forms" at the MOM's website at <http://www.mom.gov.sg>. This is a password that is required for transactions involving the Government's e-services. For more information on the SINGPASS application, please visit the eCitizen's website at <http://www.eCitizen.gov.sg>. To apply for Issuance of work permit via WP Online, select [Issue Work Permit] from the side menu. After you have submitted the application to WPD, you will be informed via WP Online the outcome of your application on the same working day. However, application submitted after 8 pm (Mondays to Fridays) and after 2 pm (Saturdays) will be considered as submitted on the next working day. Issuance Services will not be available on Sundays and Public Holidays. If your application is successful, you can print the Notification Letter via WP Online.

Medical Examination

- If the worker is certified medically unfit for employment, the work permit will not be issued and the employer has to send the worker home. You can cancel the in-principle approval via WP Online by selecting "Cancel" function from the side menu.

Documents To Be Retained By Employer For Subsequent Verification By WPD

- Original Letter of Notification to bring Foreign Domestic Worker (FDW) into Singapore
- Immigration Form 12B

APPLICATION FOR A WORK PERMIT FOR A DOMESTIC WORKER

USER ID : S7863695E USER NAME : MOORI ASHOK KUMAR REDDY TYPE OF APPLICATION : NORMAL APPLICATION
WPNO : 0 36910054 DOA : 08/05/2015 DATE / TIME : 12 May 2015 11:11 AM

PART I PERSONAL PARTICULARS OF FOREIGN DOMESTIC WORKER AND EMPLOYMENT

NAME	:	ABILI RAJAMMA	
DATE OF BIRTH	:	20/01/1982	
NATIONALITY	:	INDIAN	PLACE OF BIRTH : INDIA
STATE / PROVINCE where the foreigner obtained his / her nationality	:	ANDHRA PRADESH	STATE / PROVINCE OF BIRTH : ANDHRA PRADESH
MARITAL STATUS	:	WIDOWED	SEX : FEMALE
RACE	:	INDIAN	RELIGION : HINDU
MALAYSIAN OLD IC NO.	:		COLOR OF IC :
TRAVEL DOCUMENT NO.	:	L6327942	MALAYSIAN NEW IC NO. :
TRAVEL DOCUMENT EXPIRY DATE	:	23/01/2024	TRAVEL DOCUMENT TYPE : PASSPORT
ENDORSEMENT TYPE	:	NOT IN SINGAPORE	FIN :
SALARY	:	\$300	EDUC : SECONDARY 2
PLACE OF EMPLOYMENT	:	359 TAMPINES STREET 34 #02-433 SINGAPORE 520359	LONG TERM VISIT PASS EXPIRY DATE :
SUPPORT AUTHORITY	:		NAME OF EMPLOYER : MOORI ASHOK KUMAR REDDY

PARTICULARS OF FOREIGN DOMESTIC WORKER'S SPOUSE

WORKER MARRIED TO SC / SPR : NO

NAME	:		PLACE OF MARRIAGE	:	
DATE OF MARRIAGE	:		NATIONALITY	:	
DATE OF BIRTH	:		IC NO. (SC / SPR)	:	
RESIDENTIAL STATUS	:		DATE OF SPR ISSUANCE	:	
COLOR OF IC	:		MALAYSIAN NEW IC NO.	:	
MALAYSIAN OLD IC NO.	:				
TRAVEL DOCUMENT NO.	:				

PART I (A) CONDITIONS OF WORK PERMIT FOR FOREIGN DOMESTIC WORKER

DECLARATION BY FOREIGN DOMESTIC WORKER

I declare that -

- I have read and understood the applicable conditions of work permit, as specified in the Employment of Foreign Manpower (Work Passes) Regulations c.91A, available at www.mom.gov.sg.
- I have had a minimum of 8 years of formal education and possess the necessary certificates as documentary proof of such education (applicable if the foreign domestic worker has not worked as a foreign domestic worker in Singapore before).
-  I **have / have never*** been convicted in any country or state of an criminal offence (if applicable, please provide details).

***Delete accordingly**

- The information as set out in **PART I** is true and correct; and that all documents I have submitted in support of this Application for a Work Permit are true copies of the authentic documents.

Signature Of Foreign Domestic Worker	Date: (DD-MM-YYYY)
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PART II PROSPECTIVE EMPLOYER

PARTICULARS OF THE DOMESTIC WORKER WHO IS TO BE REPLACED

NAME

WP NO.

PURPOSE OF APPLICATION: NEW FDW
TP REQUESTED UPON SUBMISSION?:**CHANGE OF EMPLOYER:**

IS CONSENT GIVEN FOR TRANSFER?:

NAME OF CURRENT EMPLOYER:

PARTICULARS OF EMPLOYER AND SPOUSE

MARITAL STATUS : : MARRIED	EMPLOYER	SPOUSE
NAME	MOORI ASHOK KUMAR REDDY	BOJJIREDDY SOUJANYA
SEX	MALE	FEMALE
DATE OF BIRTH	25/07/1978	25/08/1984
NATIONALITY	INDIAN	INDIAN
RESIDENTIAL STATUS	SINGAPORE PERMANENT RESIDENT	SINGAPORE PERMANENT RESIDENT
IC NO. (SC / SPR)	S7863695E	S8477350F
PASSPORT NO.		
FIN	G5896808R	
DIPLOMAT ID		
EXPIRY DATE OF DIPLOMAT ID		
MALAYSIAN OLD IC NO.		
MALAYSIAN NEW IC NO.		
IS THE MARRIAGE REGISTERED IN SINGAPORE WITH REGISTRY OF MARRIAGES / MUSLIM MARRIAGES?	NO	
ADDRESS	359 TAMPINES STREET 34 #02-433 SINGAPORE 520359	
TYPE OF RESIDENCE	HDB (4 ROOMS)	
OCCUPATION	PROFESSIONAL	PROFESSIONAL
NAME OF COMPANY	CITIBANK, NA	HCL PVT LTD, SINGAPORE
RESIDENTIAL TEL NO.	65247469	65247469
HP NO.	81188449	93365499
EMAIL ADDRESS	ASHOKVAR@GMAIL.COM	ASHOKSOWJI@GMAIL.COM
GIRO APPLICATION NEEDED?	YES	
PROCLAIMED MONTHLY / COMBINED MONTHLY INCOME		
IRAS AUTHORISATION? YES		
MONTHLY INCOME		
MONTHLY COMBINED INCOME	\$10,000 - \$12,499	
TYPE OF SUPPORTING DOCUMENT		
COMBINED AMOUNT		
SINGAPORE INCOME TAX REF NO.	S7863695E	S8477350F
ANNUAL INCOME		
YEAR OF ASSESSMENT		

PARTICULARS OF EMPLOYER'S FAMILY MEMBERS

NUMBER OF FAMILY MEMBERS 6

NUMBER OF CHILDREN 1 : BELOW 6 YEARS OLD
1 : 6 - 12 YEARS OLD
0 : ABOVE 12 YEARS OLD

NUMBER OF AGED 4 : UNDER / EQUAL TO 60 YEARS OLD
0 : ABOVE 60 YEARS OLD

NOTE: Only family members staying in the same residential address as employer are listed

BC / IC / FIN / PASSPORT NO.	RELATIONSHIP WITH EMPLOYER	DATE OF BIRTH
S8477350F	SPOUSE	25/08/1984
T0871296J	SON	08/08/2008
G3102931M	DAUGHTER-IN-LAW	08/12/2012
G5066892X	BROTHER-IN-LAW	20/08/1983
G3103629T	SISTER	05/06/1984
T1271284C	SON	25/03/2012

PART II (A) DECLARATION BY EMPLOYER

WP NO.: 0 36910054
NAME OF WORKER: ABILI RAJAMMA
NAME OF EMPLOYER: MOORI ASHOK KUMAR REDDY

DOA: 08/05/2015

CONDITIONS AND REGULATORY CONDITIONS OF WORK PERMIT FOR EMPLOYER OF FOREIGN DOMESTIC WORKER

I declare that -

- (a) I have read and understood the applicable conditions and regulatory conditions of work permit, as specified in the Employment of Foreign Manpower (Work Passes) Regulations c.91A, available at www.mom.gov.sg.
- (b) I consent, for the purpose of assessing this application, for the Government of Singapore and statutory authorities thereof to obtain from and verify information with any person, organisation or any other source; and further, to the release of all information thereby obtained to the Government of Singapore, statutory authorities and authorised agents thereof.
- (c) 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 8 years of formal education and possesses the necessary educational certificates as documentary proof of such education. (applicable if the foreign domestic worker is not recruited through an Employment Agency).
- (d) I am not related to the foreign domestic worker.
- (e) 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.
- (f)  I **have / have not*** used the services of an Employment Agency based in Singapore for the recruitment and / or application of a work permit for this foreign domestic worker.
(if applicable: Employment Agency Licence No. _____ . Please also ensure that the Employment Agency completes **PART III**.)
- (g) The information as set out in **PART II** 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 this application, are true copies of the authentic documents.

*Delete
accordingly

Name of Employer:	Signature of Employer:
NRIC / Passport Number:	
Date: (DD-MM-YYYY)	

PART III PARTICULARS OF EMPLOYMENT AGENCY

IS AN EMPLOYMENT AGENCY / INTERMEDIARY USED FOR THE PURPOSES OF THIS APPLICATION FOR ABILI RAJAMMA (WP NUMBER: 0 36910054) : NO

NAME OF EMPLOYMENT AGENCY : _____ LICENCE NO. : _____
REGISTERED ADDRESS : _____ TELEPHONE : _____

PART III (A) DECLARATION BY EMPLOYMENT AGENCY (applicable if the employer has used the services of an Employment Agency or intermediary. If more than one Employment Agency/intermediary is used, please download additional declaration sheets from MOM website)

I declare that -

- (a) I, the undersigned, am the Employment Agency personnel handling this application.
- (b) To the best of my knowledge, that the foreign domestic worker in this Application (if she is a first-time foreign domestic worker in Singapore) has had a minimum of 8 years of formal education; and possesses the necessary educational certificate as documentary proof of such education (applicable if the foreign domestic worker is recruited through an Employment Agency).
- (c) I have explained the contents of the application and the applicable conditions and regulatory conditions of work permit, as specified in the Employment of Foreign Manpower (Work Passes) Regulations c.91A to the foreign employee and the employer.
- (d) The information as set out in this application and any appeals I have made in relation to this application is, to the best of my knowledge, true and correct; and that all documents I have submitted in support of this application and any appeals I have made in relation to this application are true copies of the authentic documents.

Name of Employment Agency Personnel:	Employment Agency Stamp:
Employment Agency Personnel Number:	
Signature:	
Date: (DD-MM-YYYY)	

Casino Self-Exclusion Application Form For Foreigners

USE BLOCK LETTERS

Personal Particulars	
Name (as in Passport)	Passport No
ABILI RAJAMMA	L6327942
Date of Birth (dd/mm/yyyy)	FIN No (if available)
20/01/1982	G2646723W
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)
65247469	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.

Signature

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:		