



Work Pass Division

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Employment Pass / S Pass Appeal Form

This form may require you to take 10 minutes to fill in.
You will need the following information to fill it:

- The applicant's Foreign Identification Number
- The employing company's Unique Entity Number* (UEN)
- If you wish to be considered for an S Pass, you will need the employing company's CPF Submission Number (CSN)[#]

* This is a standard identification number issued to each organisation in Singapore, to facilitate their interaction with various government agencies. For more information on UEN and UEN issuance agencies, please refer to www.uen.gov.sg

This refers to the number meant to replace your old CPF Account Number. It consists of your company's/organisation's UEN + CPF Payment Code, and is either 14 or 15 digits/characters in length. For more information on CSN, please refer to www.cpf.gov.sg or call CPF Call Centre at 1800-227-1188.

Note:

MOM regularly updates its forms. The copy that you have downloaded more than 30 days ago may be outdated, and may not be used. To ensure that you use the latest version, please download the latest copy at <http://www.mom.gov.sg>

APPEAL FOR REJECTED EMPLOYMENT PASS / S PASS APPLICATION

- Note :**
1. Please send the electronic/scanned copies of this form and the following supporting documents (if any) through iSubmit (<http://www.mom.gov.sg/iSubmit>). To submit, please select '1. Assessment of EP/ S Pass/ DP/ LTVP/ EntrePass/ PEP/ WHP/ TEP' from the 'Request Type' dropdown list.
 - Applicant's education/ professional qualifications
 - Supporting documents from the relevant vetting agencies/ professional bodies/ accreditation agencies.
 2. Do not fax the Appeal Form.
 3. Appeals take at least four weeks.
 4. MOM will not process incomplete forms.
 5. You can only appeal for the pass type you applied for in your original application.

PART I APPLICANT'S PARTICULARS

Our Reference No. / Application No. :

Date of Application :

S Pass/WP No. :

FIN :

Name of Applicant :

Nationality:

Date of Birth :

PART II PARTICULARS OF ACCOMPANYING DEPENDANT PASS / LONG-TERM VISIT PASS APPLICANT(S)

[You can only appeal if their applications are rejected.]

Name of Applicant	FIN	Application No.	Date of Application (DD/MM/YYYY)

PART III COMPANY'S PARTICULARS

Name of Company:

Address of Company:

Company's CPF Submission No¹:

Unique Entity Number (UEN):

PART IV JUSTIFICATION FOR APPEAL

Details of justification²:

¹: Compulsory for applicant appealing for an S Pass

²: Please attach necessary documents for the justification, e.g. income tax assessment form, salary slips etc.

PART V APPLICANT'S EDUCATION & PAST EMPLOYMENT DETAILS

[Please complete Part V & Part VI if there is any amendment to the information declared in original application.]

i. Educational Details

Education 1	Country of Awarding Body / Institution / University: _____			
	Name of Awarding Body / Institution / University: _____			
	Main campus or affiliating College Attended: _____			
	Qualification	Faculty	Specialisation	Mode of study
				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Distance-Learning
Period of Study (DD/MM/YYYY):		From: _____	To: _____	

Education 2	Country of Awarding Body / Institution / University: _____			
	Name of Awarding Body / Institution / University: _____			
	Main campus or affiliating College Attended: _____			
	Qualification	Faculty	Specialisation	Mode of study
				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Distance-Learning
Period of Study (DD/MM/YYYY):		From: _____	To: _____	

ii. Working Experience

	Years	Months
Total period of working experience :		
Total period of relevant working experience :		

iii. Please tick (✓) accordingly.

I declare that:-

	Yes	No
Have you ever been refused entry or deported from any country?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted in a court of law in any country?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been prohibited from entering Singapore?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever entered Singapore using a different passport issued by a different country?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever entered Singapore using a different name?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been a Singapore Citizen or Permanent Resident of Singapore?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever stayed in Singapore? If Yes, please provide the most recent details below.	<input type="checkbox"/>	<input type="checkbox"/>
(i) Length of Stay: <input type="text"/> <input type="text"/> Year(s) <input type="text"/> <input type="text"/> Month(s)		
(ii) Purpose of Stay: <input type="checkbox"/> Accompanying Relatives <input type="checkbox"/> Leisure <input type="checkbox"/> Business		
<input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Study and Work		
<input type="checkbox"/> Others		
Have you ever been issued a work visa by another country?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please provide the most recent details below.		
(i) Country of Issue: _____		
(i) Length of Visa: <input type="text"/> <input type="text"/> Year(s) <input type="text"/> <input type="text"/> Month(s)		
If any of the above answers from (a) to (g) is "Yes", please provide details:		

PART VI NEW EMPLOYMENT DETAILS

Occupation³ :

Fixed Monthly Salary (S\$):

Basic Monthly Salary (S\$):

³: Please choose an appropriate occupation from the List of Standard Occupation available on MOM website. If you indicate one which is not listed on the website, we will assign a close match.

I, (Name of authorised representative) _____
(NRIC No./FIN No.) _____
in my capacity as (Designation in company/firm) _____
of (Name of company/firm) _____

whom is the employer and local sponsor of the applicant confirm that the information as set out in the application for Employment/S Pass and this appeal, as well the attached documents (if any), are to the best of my knowledge, true and correct. I have ensured that the applicant is aware of the submission of this appeal form. I understand that I may be prosecuted if I have provided any information which is false in any material particular, or is misleading by reason of the omission of any material particular. I further understand that any false statement made by my company or myself in relation to this application and appeal for an Employment/S Pass may adversely affect the future work pass applications of my company/firm.

I am aware that the Controller of Work Passes uses my company/ firm's Central Provident Fund (CPF) contribution information to determine the number of local workers employed by my company/firm hence determining the number of foreign workers that my company/firm may employ. I am also aware that by signing this Form, I am declaring that –

- 1. my company/firm only makes CPF contributions to Singapore citizens or permanent residents who are actively employed by my company/firm; and
- 2. my company/firm is making employer CPF contribution to each local employee at the prescribed rate specified by law (see the First Schedule of the Central Provident Fund Act) and any voluntary CPF contributions are made through a separate CPF Submission Number (CSN).

I undertake to:

- (i) be responsible for the stay, maintenance and repatriation of the applicant;
- (ii) indemnify the Singapore Government for any charges or expenses which may be incurred by the Government in respect of the repatriation of the said applicant or any of his dependants; and
- (iii) be responsible for the compliance by the applicant of any quarantine and medical surveillance imposed on the applicant under Regulation 8 (2A) of the Immigration Regulations.

In addition, I declare that: –

- 1. I hereby give my consent to the department to verify the particulars with any government agencies.
- 2. The company owner(s) is/are not undischarged bankrupt(s).
- 3. I ~~**~~have/have not used the services of an Employment Agency or intermediary based in Singapore for the recruitment of the foreign worker. (Please also state the licence number of all Employment Agencies or intermediaries (if any) used for the purposes of this application: _____ . Please ensure that a copy of Part VIII of this form is completed by each Employment Agency or intermediary used.)
- 4. I have not been offered or received (directly or indirectly), any sum or other benefit:
 - (a) as consideration or as a condition for employing the foreign employee;
 - (b) as consideration or as a condition for continuing to employ the foreign employee; or
 - (c) as a financial guarantee related, in any way, to the employment of the foreign employee.

In the event that this appeal is successful and the application for Employment/S Pass is approved, I shall keep copies of the applicant's education certificates as declared in the Application/Appeal Form for as long as the applicant is in my employment. I understand the Ministry of Manpower can at any time request for these documents for verification and revoke the pass should the documents be inconsistent with the declaration furnished in the application form or if I am unable to produce the documents.

I have read and understood the Conditions of Employment/S Pass, as specified in the Employment of Foreign Manpower (Work Passes) Regulations, which are available on the MOM website. I shall ensure that these conditions will be complied with.

I understand that if I breach any of the above conditions, I may be prosecuted. Further, the Controller may revoke the ~~**~~S Pass and Visit Pass of the S Pass holder / Employment Pass and Visit Pass of the Employment Pass holder, and such breaches will be taken into account in considering my future work pass applications.

I declare that I have read and understood the above.

(Signature of Authorised Representative)

(Date of Signature)

(Company / Firm Stamp)

****Delete where inapplicable**

Note: Controller mentioned in the above declaration means the Controller of Work Passes.

[Applicable for appeal for an S Pass and if the employer has used the services of an employment agency or intermediary]

(If more than one Employment Agency or intermediary is used, please download and complete another 'Declaration By Employment Agency or Intermediary' form from MOM website.)

Name of Employment Agency/intermediary: _____

Licence Number (For Employment Agency only): _____

Registered Address: _____

I declare that the abovenamed employer has not been offered (directly or indirectly), any sum or other benefit:

- (a) as consideration or as inducement for employing the foreign employee;
- (b) as consideration or as inducement for continuing to employ the foreign employee; or
- (c) as a financial guarantee related, in any way, to the employment of the foreign employee.

Name and NRIC Number of
Authorised Representative

Signature of Authorised Representative

Date

Official Stamp of Employment
Agency/Intermediary

PART IX DECLARATION BY THIRD PARTY

[Applicable for appeal for an S Pass and if the third party is submitting the application on behalf of the employing company]

I declare that this appeal was submitted by my company on the instruction of the employing company. I further declare that I have ensured that all the details on the Pass Holder's salary, occupation, work experiences and qualifications as set out in the Appeal Form are provided to my company by the employing company. My company has documentary proof of this in the form of hardcopy application forms signed by the employing company and will retain them for one year from the date of this application for the inspection by the Controller. I understand that my company may be prosecuted if we have provided information which is false in any material particular, or is misleading by reason of the omission of a material particular. I understand that any false statement and/or declaration made by my company or myself in relation to the Appeal for the S Pass may adversely affect the future work pass applications made by my company.

I declare that the above details on the Pass holder's salary, occupation, work experiences and qualifications are true and accurate.

Name and NRIC Number of
Authorised Representative

Signature of Authorised Representative

Date

Official Stamp of Third Party

Note: *Controller mentioned in the above declaration means the Controller of Work Passes.*