



Employment Pass (Sponsorship) Renewal Form

Important: Please open and complete this form using **Adobe Acrobat Reader DC**, as it may not appear correctly with other PDF readers.

You can apply to renew the pass up to 3 months before it expires.

This form may take 20 minutes to fill in.

For fields with *, please tick (✓) where appropriate.

Complete the following steps:

Step 1: Please complete this form to renew the candidate's pass. Do not leave any blank spaces / boxes. Enter 'Not applicable' or 'N.A' where necessary.

Step 2: Submit the completed form and supporting documents for the candidate at go.gov.sg/renew-ep-sponsorship.

It takes around 8 weeks to process the renewal application. For other enquiries, please visit us at go.gov.sg/mom-efeedback.

PART 1 – APPLICATION INFORMATION						
Notification email address (We will inform you of the application outcome or if we need more documents)						
1A: Pass duration						
Pass expiry date						
Duration of pass applied for Years		ears	Months			
1B: Candidate's per	sonal particula	ırs				
Foreign Identification Number (FIN)						
Full name (as on trav	el document, ex	cluding	salutation	ns fo	r example Mr, Miss	s, Professor, Doctor)
Nationality/Citizenship	<u></u> ρ			State/Province of nationality/citizenship		
,						
Travel document type	-					
Travel document num	nber		Issue date	e (DI	D/MM/YYYY)	Expiry date (DD/MM/YYYY)
Marital status						
Residential address						
Block/House	Floor	Unit n	umber:		Building name:	
number:	number:					
Street name:					Postal code:	
Total maried of cond						
Total period of work Years:	ting experience	•	<u> </u> 	Mon	ths:	
Total relevant working experience (Relevant to the current occupation)						
			Months:			

1C: Candidate's s	spouse		
	C if the candidate's spouse is a Singapore Citizer Pass or Work Permit holder.	n, Singapore Permanent Resident,	
	the same order of appearance as travel document)	Spouse identification type	
		NRIC FIN	
Spouse's NRIC/FI	N	Spouse's date of birth – DD/MM/YYYY	
PART 2 – CANDIE	DATE'S EDUCATIONAL AND MEMBERSH	IIP DETAILS	
2A: Educational of	letails		
	on Attained (e.g. No formal education, junior school	, high school, bachelor's degree, doctorate)	
0 / / 5 : (
Country/Region of	SChool		
Name of school			
Name of School			
2B: Memberships			
Society/Organisation	On (only most recent)		
Position held			
David (DD/MMA)//	000	T-:	
Period (DD/MM/YY	YY) From:	То:	
2C: Candidate's s	employment details		
	ay refer to the list of standard occupations)		
(you make	, 10.0. 10 11.0 <u>11.0 0.01.10.10.10.10.10.10.10.10.10.10.10.10</u>		
	Both local and overseas (Partially paid by both local and overseas employer		
)	
Salary payable	(Daid by a Cingapage gagistered applicate by an everyone applicate in their abound fully		
by*:	a Singapore-registered employer)	and an area of the second and area of an area of a second and area of a second area of a second and a second area of a second area	
	Overseas		
	(Employer is not registered in Singapore / is a repre	esentative office registered with Enterprise Singapo	
Fixed Monthly Sala	ary = Basic Monthly Salary + Fixed Monthly	Allowances	
E.g. S\$5,000	= \$4,500 + \$500		
As appointed in Employ	mant Contract		
As specified in Employ	ment Contract.		
Fixed Monthly Sala	ary: S\$.00		
Racic Monthly Sale	arv: S\$.00		
Basic Monthly Sala	ary: S\$.00		

Name of local sponsor company (as shown on current work pass) Unique Entity Number (UEN) of local sponsor company Company's phone number	
Company's phone number	
Paid-up capital (S\$)	
Nature of business	
Company's turnover for the past 3 years	
Value of turnover of the company in the past 3 years (Please start with the most recent year)	
Year Value (S\$) Is the turnover figure from an audited account? * (For unaudited accounts or if employing company is exempted from audit, please s	select 'No'.)
Yes No	
Yes No	
Yes No	
3A: Correspondence address	
Block/House number Street name	
Unit number Building name Postal code	
3B: Address where candidate's duties are to be performed	
Block/House number Street name	
Block/House number Street name	
Block/House number Street name Unit number Building name Postal code	
Unit number Building name Postal code Will the candidate be deployed to work for another employer? *	
Unit number Building name Postal code	
Unit number Building name Postal code Will the candidate be deployed to work for another employer? *	
Unit number Building name Postal code Will the candidate be deployed to work for another employer? * Yes No	
Unit number Building name Postal code Will the candidate be deployed to work for another employer? * Yes No Is the premise (at the abovementioned address) a food establishment? *	
Unit number Building name Postal code Will the candidate be deployed to work for another employer? * Yes No Is the premise (at the abovementioned address) a food establishment? * Note: All food establishment requires a Singapore Food Agency (SFA) license submitted.	

		onal Body/Accreditation Agency Sup	
Has this applica	tion obtained sup	port from the relevant vetting Agency(s)/Profes	ssional Body(s)/Accreditation Agency(s)?*
Yes	No		
(Please select on	_		ny of the Vetting Agencies listed. Please note that the her with this application.)
Vetting Agency	*:	Allied Health Professions Council	Enterprise Singapore (Representative Office)
		Legal Services Regulatory Authority	Singapore Dental Council
		Singapore Medical Council	Singapore Nursing Board
		Singapore Pharmacy Council	Sport Singapore
		TCM Practitioners Board	Unit for Prehospital Emergency Care
PART 4 – O	VERSEAS EM	PLOYER DETAILS	
Country/Reg	ion of registrat	ion	
Overseas reç	gistration numb	oer	
Registered name of company (as shown on the business registration certificate)			
Overseas co	rrespondence	address	
Overseas ph	one number		
Company's o	verseas email	address	

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PART 5 – DECLARATION BY CANDIDATE				
Have you ever:				
(a) Been refused entry into or deported from any country?				
(b) Been convicted in a court of law in any country?				
(c) Been prohibited from entering Singapore?				
If the answer to any of the above questions is 'Yes', please provide the details.				
I confirm that the information as set out in this renewal application for Employment Pass is to the best of my knowledge, true and correct. All documents submitted in support of this renewal application for Employment				
Pass are true copies of the originals. I understand that I may	ay be prosecuted if I have provide	d any information,		
which is false in any material particular or is misleading by	reason of the omission of any ma	terial particular.		
I declare that I have not suffered and am not suffering from Acquired Immunodeficiency Syndrome (AIDS) or infected with Human Immunodeficiency Virus (HIV) or Tuberculosis. I acknowledge that during the period of validity				
of my Employment Pass, if I am found to be suffering from	AIDS or infected with HIV or Tube	erculosis, the		
Employment Pass issued to me will be cancelled and I will have to leave Singapore by the date specified by the Controller of Immigration.				
•	t Doog on angeified in the Employe	mont of		
I have read and understood the Conditions of Employment Pass, as specified in the Employment of Foreign Manpower (Work Passes) Regulations, which are available on the Ministry of Manpower's website.				
I shall ensure that these conditions will be complied with.				
I hereby give my consent for the Comptroller of Income Tax				
applications, based on my assessment record for the curre Passes. In the event my assessment record for the current				
point of verification, I understand the Comptroller of Income				
record for the two previous Years of Assessment. I also hereby give my consent for the Comptroller of Income Tax to thereafter communicate the results of the verification to the Controller of Work Passes.				
I consent for the Government of Singapore and its statutory authorities to display my information on the Ministry of				
Manpower's work pass systems, and to disclose such information to any relevant person or organisation for the				
administration of matters relating to work pass and passes for dependants.				
I consent to the Ministry of Manpower displaying my pass details when my card is scanned using the Ministry of Manpower's work passes mobile application.				
I understand that a Singpass account will help me to access Government e-services in Singapore and I give my consent to the Ministry of Manpower to share my personal details with the Singpass issuing agency. This allows				
me to apply for a Singpass account at a later time if I am eligible for a Singpass.				
Candidato's name (as an travel desument)	Signaturo			
Candidate's name (as on travel document)	Signature			
	D ((DD (112 C C C C C C C C C C C C C C C C C C			
	Date (DD/MM/YYYY)			

PART 6 - DECLARATION AND UNDERTAKING BY LOCAL SPONSOR

I hereby sponsor this application and certify that it is made for the purpose as stated by the candidate. The statements made by the candidate in this application are to the best of our knowledge true. I undertake to indemnify the Singapore Government for any charges or expenses which may be incurred by the Government in respect of the repatriation of the said candidate.

I shall keep copies of the documents/certificates showing the relationship of the candidate for as long as the candidate 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 consent to the Ministry of Manpower displaying pass details when the pass holder's card is scanned using the Ministry of Manpower's work pass mobile application.

I also undertake to:

- (i) be responsible for the stay, maintenance and repatriation of the candidate;
- (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 candidate or any of his/her dependants; and
- (iii) be responsible for ensuring the compliance by the candidate of any quarantine and medical surveillance imposed on the candidate under regulation 8 (2A) of the Immigration Regulations

I understand that the Employment Pass is subject to the following conditions upon approval.

- (i) The candidate is not to engage in any employment other than that specified in the application. Should there be a change in his/her duties or designation, the local sponsor is required to write in to Work Pass Division, Ministry of Manpower. If there is a change in local sponsor, the candidate must apply for a new work pass in order to work in Singapore; and
- (ii) The local sponsor must cancel the candidate's Employment Pass within 7 days upon termination of employment.

Local sponsor's name and designation	Signature
	Date (DD/MM/YYYY)