



Work Pass Division

18 Havelock Road
Singapore 059764
Tel: 6438 5122
www.mom.gov.sg
mom_wpd@mom.gov.sg



Employment Pass / S Pass Application Form (Form 8)

This form may require you to take 30 minutes to fill in.
You will need the following information to fill it:

- The applicant's Foreign Identification Number (if applicable)
- The applicant's Work Permit Number (if applicable)
- The applicant's old/new Malaysian Identity Number (if applicable)
- The applicant's Malaysian International Passport Number (applicable to Malaysian only)
- The applicant's educational qualification and work experience details
- The applicant's spouse personal particulars (if accompanying spouse is a Singapore citizen / Permanent Resident / Employment Pass / S Pass or Work Permit holder)
- The applicant's spouse educational qualification (if applicable)
- The employing company's Unique Entity Number (UEN)
- The employing company's Registration No. (ACRA) <if applicable>
- If you wish to be considered for an S Pass, you will need the employing company's CPF Submission Number (CSN)

Note:

- All relevant **supporting documents** (as stated in Annex A) **must be submitted** with this application.
- The application **will be voided** if inaccurate written information or wrong/unclear supporting documents is submitted. You will need to resubmit a new application, and pay the required administration fee.
- An administrative fee of \$20 will be charged for every Employment/S Pass application submitted. Please submit your application and make the fee payment over the counters at any SingPost post office (MOM's appointed collecting agent). Payment can be made via cash, Cashcard or NETS.

There shall be no refund of fees paid for the application of Employment Pass/S Pass, unless the fee was not due from the employer. Any such request for refund shall be at the discretion of the Controller of Work Passes.
- 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 The copy that you have downloaded more than 30 days ago may be outdated, and may not be used.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>



**FORM 8
APPLICATION FOR AN EMPLOYMENT / S PASS**

*Affix a recent
passport-sized
photograph here*

INSTRUCTIONS:

1. For *, please tick (✓) where appropriate.
2. Indicate "Not applicable" or "N.A." where necessary. Do not leave any blank.
3. Please note that the processing time will take about 5 weeks.
You may check your application status online
(<http://www.mom.gov.sg>>Services & Forms>Employment Pass>Application Status Check).
4. Please submit this completed application form over the counters at any SingPost post office.

For official use only:		
<i>Date of Application:</i>	<i>Officer ID:</i>	<i>Remarks:</i>

PART 1 – EMPLOYING COMPANY DETAILS																		
1A: Employing Company General Information																		
Name of Employing Company/Society/Organization:																		
Unique Entity Number (UEN):																		
Registration Number (ACRA):																		
Company's Email:																		
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Tel Number	Fax Number	Mobile Number																
Correspondence Address:																		
Postal Code:	Block/House No:	Floor No:	Unit No:															
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Street Name: _____																		
Building Name: _____																		

1B: Financial & Other Information											
Paid-up Capital (S\$):											
Value of Turnover of the Company in the past 3 years:											
(1) _____ :S\$ _____ <i>(Year)</i>	(2) _____ :S\$ _____ <i>(Year)</i>	(3) _____ :S\$ _____ <i>(Year)</i>									
Total Number of Employees:		Local <i>(Singapore Citizen/PR)</i>	Foreign								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>				

4A: Personal Particulars [continue]

Nationality:

For Malaysian only:
 Malaysian Old Identity Card Number:
 Malaysian New Identity Card Number:
 Malaysian Identity Card Colour:* Blue Pink

Country of Birth:
 State/Province of Birth:
 Country of Origin:
(country where the person obtained his first citizenship by birth or parentage)

 State of Origin:
 Race:* Caucasian Chinese Indian Malay Others
 Religion:* Buddhist Christian Free Thinker Hindu Muslim
 Others Sikh Taoist

If applicant's Marital Status is 'Married', please fill in the details below.
 Is accompanying spouse a Singapore Citizen or Singapore Permanent Resident, Employment/S Pass holder or Work Permit holder?* Yes No

Name of Spouse:

 Spouse's FIN / NRIC No.: Spouse Identification Type:* FIN NRIC
 Spouse's Date of Birth: - - (DD-MM-YYYY)

4B: Travel Document Information

Travel Document Type:* Hong Kong Special Admin Region International Cert of Identity
 International Passport Macau SAR Travel Permit
 Travel Document Number:
 Date of Issue: - - (DD-MM-YYYY) Date of Expiry: - - (DD-MM-YYYY)

4C: Residential Address in Singapore

[Please note that if the residential address is currently not available, the employing company address will be used for this application. You can update the Ministry of Manpower subsequently once the residential address is available.]

Is the foreigner currently staying in Singapore?*

No. You do not need to provide any more details
 Yes. Please fill in the address below:

Postal Code: Block/House No: Floor No: Unit No:

Street Name: _____
 Building Name: _____

PART 5 – APPLICANT'S EDUCATION / MEMBERSHIP DETAILS [Please fill in the two highest qualifications that were awarded to the applicant. Please note that qualification is a key criterion in the assessment of the applicant's eligibility for a work pass and should be provided where applicable.]	
5A: Education Details (1)	
Awarding Body /Institution/ University awarded the qualification	
Country:	
State/Province:	
Name:	
Main Campus or Affiliating College Attended: (Applicable only for India qualification)	
Qualifications# (e.g. for Honours Degree, state class/division; Diploma):	
Faculty (e.g. Engineering):	
Specialisation (e.g. Civil engineering):	
Mode of Study:* <input type="checkbox"/> Distance Learning <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Period of Study: (DD-MM-YYYY) From <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Has the applicant submitted supporting documents for this qualification before?* <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education Details (2)	
Awarding Body /Institution/ University awarded the qualification	
Country:	
State/Province:	
Name:	
Main Campus or Affiliating College Attended: (Applicable only for India qualification)	
Qualifications# (e.g. for Honours Degree, state class/division; Diploma):	
Faculty (e.g. Engineering):	
Specialisation (e.g. Civil engineering):	
Mode of Study:* <input type="checkbox"/> Distance Learning <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Period of Study: (DD-MM-YYYY) From <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Has the applicant submitted supporting documents for this qualification before?* <input type="checkbox"/> Yes <input type="checkbox"/> No	

# Please complete the relevant information below if the qualification is STPM or MICSS	
Sijil Tinggi Persekolahan Malaysia (STPM):	
No. of Passes attained: (Inclusive of General Studies/Pengajian Am)	<input type="text"/> <input type="text"/> Principal pass-C <input type="text"/> <input type="text"/> Subsidiary pass-R
Has the applicant attained a pass in General Studies/Pengajian AM?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Malaysia Independence Chinese Secondary School (MICSS) United Examination Certificate:	
No. of passes attained: (Inclusive of Bahasa Inggeris/English language)	<input type="text"/> <input type="text"/>
Has the applicant attained a pass in Bahasa Inggeris / English Language?*	<input type="checkbox"/> Yes <input type="checkbox"/> No

5B: Societies/Organisations Membership (Past five years to date)	
Society/Organisation Membership (1)	
Name of Society/Organization:	
Position Held:* <input type="checkbox"/> Chairman <input type="checkbox"/> Member <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Vice Chairman <input type="checkbox"/> Vice President	
Period: (DD-MM-YYYY) From <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Society/Organisation Membership (2)	
Name of Society/Organization:	
Position Held:* <input type="checkbox"/> Chairman <input type="checkbox"/> Member <input type="checkbox"/> President <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input type="checkbox"/> Vice Chairman <input type="checkbox"/> Vice President	
Period: (DD-MM-YYYY) From <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

PART 6 – APPLICANT’S SPOUSE EDUCATION DETAILS
[To be completed if the work pass applicant's marital status in Part 4A is 'Married'.]

Applicant’s Spouse Educational Details (1)

Awarding Body /Institution/ University awarded the qualification

Country:

State/Province:

Name:

Main Campus or Affiliating College Attended:
(Applicable only for India qualification)

Qualifications# (e.g. for Honours Degree, state class/division; Diploma):

Faculty (e.g. Engineering):

Specialisation (e.g. Civil engineering):

Mode of Study:* Distance Learning Full-Time Part-Time

Period of Study: (DD-MM-YYYY) From - - To - -

Applicant’s Spouse Educational Details (2)

Awarding Body /Institution/ University awarded the qualification

Country:

State/Province:

Name:

Main Campus or Affiliating College Attended:
(Applicable only for India qualification)

Qualifications# (e.g. for Honours Degree, state class/division; Diploma):

Faculty (e.g. Engineering):

Specialisation (e.g. Civil engineering):

Mode of Study:* Distance Learning Full-Time Part-Time

Period of Study: (DD-MM-YYYY) From - - To - -

Please complete the relevant information below if the qualification is STPM or MICSS

Sijil Tinggi Persekolahan Malaysia (STPM):

No. of Passes attained: Principal pass-C Subsidiary pass-R
(Inclusive of General Studies/Pengajian Am)

Has the applicant’s spouse attained a pass in General Studies/Pengajian AM?* Yes No

Malaysia Independence Chinese Secondary School (MICSS) United Examination Certificate:

No. of passes attained:
(Inclusive of Bahasa Inggeris/English language)

Has the applicant’s spouse attained a pass in Bahasa Inggeris / English Language?* Yes No

PART 7 – APPLICANT’S EMPLOYMENT DETAILS

7A: Working Experience of Applicant
(Start with the latest working experience)

Total Period of Working Experience: _____ Years _____ Months

Total Period of Relevant Working Experience: _____ Years _____ Months
(relevant to the occupation declared in Part 7C)

Period (DD-MM-YYYY)		Name of Company	Occupation	Country	Last Drawn Monthly Salary (S\$)
From	To				

7B: Salary Details			
<i>[Please refer to the MOM website (http://www.mom.gov.sg) for more information on basic and fixed monthly salary.]</i>			
Salary Payable by:*	<input type="checkbox"/> Both local and overseas	<input type="checkbox"/> Local	<input type="checkbox"/> Overseas
<i>As specified in Employment Contract</i>			
Fixed Monthly Salary:	S\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
Basic Monthly Salary	S\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00

7C: Address and Duties to be Performed			
Occupation: _____			
<i>[Refer to the List of Standard Occupation before you fill in the "Occupation" field. If the occupation you indicate cannot be found in the list, a close match will be assigned by WPD. For any subsequent amendments to this assigned occupation, you will have to withdraw the existing application and submit a new application. An administrative fee of \$20 will be charged upon submission.]</i>			
Is your business entity an Employment Agency/Headhunter firm or does it supply labour to other business entities in the course of conducting its business?*		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, will the applicant be deployed to work for another employer so as to supplement that other employer's manpower resources?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address where applicant's duties are to be performed			
Postal Code:	Block/House No:	Floor No:	Unit No:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Street Name: _____			
Building Name: _____			
National Environment Agency Licence Type:*	<input type="checkbox"/> Foodstall <i>(e.g. hawker stall)</i>	<input type="checkbox"/> Cold Drink Shop <i>(e.g. pub)</i>	<input type="checkbox"/> Foodshop <i>(e.g. restaurant)</i>
(For Food Establishment only)			
Did you source for this applicant with Contact Singapore's assistance?*		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employment Pass Eligibility Certificate Reference Number: _____			

7D: Vetting Agency/Professional Body/Accreditation Agency Support			
Has this application obtained support from the relevant vetting Agency(s)/Professional Body(s)/Accreditation Agency(s)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', please select from the followings: <i>(Please select one or more Vetting Agencies if the applicant has obtained support from any of the Vetting Agencies listed. Please note that the applicant must produce documentary proof of support from the agencies concerned together with this application.)</i>			
Vetting Agency:	<input type="checkbox"/> Attorney-General's Chamber	<input type="checkbox"/> Registrar of Pharmacy Board	
	<input type="checkbox"/> Singapore Nursing Board	<input type="checkbox"/> Singapore Dental Council	
	<input type="checkbox"/> IE Singapore (Representative Office)	<input type="checkbox"/> Singapore Medical Council	
	<input type="checkbox"/> MCYS (Childcare teachers)	<input type="checkbox"/> Singapore Sports Council	
	<input type="checkbox"/> Ministry of Education	<input type="checkbox"/> TCM Practitioners Board	

PART 8 – DECLARATION BY APPLICANT

Please tick (✓) accordingly.

- (a) Have you ever been refused entry into or deported from any country? Yes No
- (b) Have you ever been convicted in a court of law in any country? Yes No
- (c) Have you ever been prohibited from entering Singapore? Yes No
- (d) Have you ever entered Singapore using a different passport issued by a different country? Yes No
- (e) Have you ever entered Singapore using a different name? Yes No
- (f) Have you ever been a Singapore Citizen or Singapore Permanent Resident? Yes No
- (g) Have you ever stayed in Singapore? If Yes, please indicate the purpose(s) of stay below. Yes No

(i) Length of stay in Singapore due to study : _____ Year(s) _____ Month(s)

(ii) Length of stay in Singapore due to work
[excluding the period that is already declared under g(i)] : _____ Year(s) _____ Month(s)

(iii) Length of stay in Singapore due to other purposes : _____ Year(s) _____ Month(s)

- (h) Have you ever been issued a work visa by another country? Yes No
If Yes, please provide the most recent details below.

(i) Country of Issue: _____

(ii) Length of Visa Year(s) Month(s)

If any of the above answers from (a) to (f) is 'Yes', please provide details:

I confirm that the information as set out in this application for Employment/S Pass is to the best of my knowledge, true and correct. All documents submitted in support of this application for Employment/S Pass are true copies of the originals. 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 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.

Further and in addition, I hereby declare that: –

1. I shall not make any false statement or submit any document which I know to be false in order to obtain an Employment/S Pass and Visit Pass.
2. I understand that if I breach any condition above, my Employment/S Pass and Visit Pass will be revoked and I can be prosecuted in Court, or expelled and prohibited from entering Singapore.
3. I shall not misuse controlled drugs or take part in any political or other activities during my stay in Singapore, which would make me an undesirable or prohibited immigrant under the Immigration Act.

With reference to this application submitted for Employment/S Pass and residence in Singapore, I give my consent to the Government of Singapore to obtain from and verify information with any person, organization or any other source for assessing my application.

I hereby give my consent for the Comptroller of Income Tax to verify my income stated in my current and renewal applications, based on my assessment record for the current Year of Assessment, for the Controller of Work Passes. In the event my assessment record for the current Year of Assessment is not available or finalized at the point of verification, I understand the Comptroller of Income Tax will verify my income against my assessment 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.

Signature of Applicant

Date

PART 9 – DECLARATION BY LOCAL EMPLOYER/SPONSOR

I hereby sponsor this application and certify that it is made for the purpose as stated by the applicant. I confirm that the information as set out in this application for Employment/S Pass is to the best of my knowledge, true and correct.

I have ensured that the applicant fully understands the contents of Part 8 of this application 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 for 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 10 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.

I shall keep copies of the applicant's education certificates as declared in the application 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 declare that I have read and understood the above.

Authorised Signature / Date

Name & Designation / Capacity

Official Stamp of Company / Firm

PART 10 – DECLARATION BY THE EMPLOYMENT AGENCY/INTERMEDIARY

[Applicable for S Pass application 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 11 – DECLARATION BY THIRD PARTY

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

I declare that this application 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 Application 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 application 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 all the above declaration means the Controller of Work Passes

DID YOU REMEMBER?

- 1 set of original application form duly completed.
- Application form signed by applicant.
- Application form signed by an authorised officer from the sponsoring company, and stamped with the company's stamp or seal.
- 1 CLEAR COPY of the following supporting documents***:
(*Non-English documents must be accompanied by an official English translation done by a certified translator, High Commission/Embassy or a notary public.)
 - Travel Document Page showing the personal particulars and travel document number. Please include pages reflecting amendments to details (e.g. name, expiry date), if any.
 - Applicant's Educational Certificates
 - Additional document(s) is/are required for:
 - (a) **diploma/degree qualifications from India**
Transcripts and marksheets
 - (b) **degree qualifications from China**
Certificate of Graduation.
 - NEA Licence (For Food Establishment only).
 - Registration or Support Letters from the respective Vetting Agency/ Professional Body/ Accreditation Agency, *if support from them has been declared in the application*:
 - Doctor – Singapore Medical Council
 - Dentist – Singapore Dental Council
 - Pharmacist – Singapore Pharmacy Council
 - Nurse – Singapore Nursing Board
 - TCM Practitioner – Traditional Chinese Medicine Practitioners Board
 - Lawyer – Singapore Attorney-General's Chambers
 - Football Player/Coach – Singapore Sports Council
 - Support letter from International Enterprise (IE) Singapore (For application submitted by Representative's Office).
 - For company submitting S Pass application, please indicate the company's CPF Submission Number on the application form. Companies submitting their first S Pass application should also attach their CPF contribution statements for the most recent 3 months.
 - Official marriage certificate (For applicant with Singaporean spouse only).

Please do not submit original documents unless otherwise stated.

Note:

Any person who falsely declares salary, academic qualifications, or submits forged documents in the work pass application shall be guilty of an offence under the Employment of Foreign Manpower Act (Cap.91A).