



Work Pass Division

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Singapore 059764
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mom_wpd@mom.gov.sg



EntrePass 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 old/new Malaysian Identity Number (if applicable)
- The applicant's Malaysian International Passport Number (applicable to Malaysian only)
- The correspondence address in Singapore
- 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 employing company's Unique Entity Number (UEN)
- The employing company's Registration No. (ACRA) for past business ventures
- The business plan details

Note:

- An administrative fee of \$40 will be charged for every EntrePass application submitted. Please submit your application and make the fee payment over the counters at any SingPost post offices (MOM-appointed collecting agent). Payment may be made via Cash, Cashcard or NETs.
- 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 The copy that you have downloaded more than 30 days ago may be outdated, and may not be used.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>

| PART 5 – APPLICANT’S TRACK RECORD | | | | | |
|--|----|---|---------------|------------------|--|
| Prior Working Experience <i>(please indicate in chronological order)</i> | | | | | |
| Period <i>(DD-MM-YYYY)</i> | | Name and Location (State and Country) of Company | Position Held | Nature of Duties | |
| From | To | | | | |
| | | | | | |

| Prior Business Ventures** <i>(Please indicate in chronological order)</i> | | | | | | |
|--|----|---|---|-------------------------------------|---------------------------------|---------------------------------|
| Only list business ventures in which you were a founder, partner or shareholder. | | | | | | |
| Period | | (a) Name of Company (b) Place of Incorporation (c) RCB/ACRA No. <i>(if available)</i> | (a) Nature of Business (b) Position Held | Annual Turnover in the past 3 years | | |
| From | To | | | (a) Year (b) Amount (S\$) | (a) Year (b) Amount (S\$) | (a) Year (b) Amount (S\$) |
| | | | | | | |

** Please attach a write up on any business-related achievements, if any (e.g. awards, intellectual property developed, etc)

PART 6 – BUSINESS PLAN

IMPORTANT

Please submit a comprehensive business plan of not more than 10 pages to support your application. The business plan should include the following information:

1. Business idea – a short, self-explanatory summary covering the proposed business concept
2. Product / service – the total product and service offering
3. Market analysis – the target market in terms of key customers, competition and market growth potential
4. Market plan – how the product/service will be marketed or distributed
5. Operation plan – resources needed to run the business
6. Financial projections – projected sales and net profit before tax for three years and breakeven point
7. Management team – key drivers of the business
8. Supporting documents – e.g. licensing agreements, product certifications, endorsements, etc.
9. Documentary proof on sources of funding and availability of funds – e.g. self funded, through venture capital funds, etc.

6A: Proposed/Registered Company General Information

Is your proposed business already registered as a Private Limited Company in Singapore Yes No
(If yes, ACRA record to be provided)

Accounting and Corporate Regulatory Authority (ACRA) Registration No.:

Unique Entity Number (UEN):

Name of Employing Company/Society/Organization:
(Note: This will be the name of company reflected on the 2-in-1 secure card if application is successful)

Correspondence Address of Company/Organization:

| | | | |
|--------------------------|--------------------------|--------------|--------------------------|
| Postal Code: | Block/House No: | Floor No: | Unit No: |
| [][][][][][][][] | [][][][][][][][] | [][][][] | [][][][][][][][] |

Street Name: _____

Building Name: _____

Tel No.: [][][][][][][][][][] Fax No.: [][][][][][][][][][][][][]

6B: Proposed Business Sector *(Please tick only ✓ 1 box)*

- | | |
|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Trading |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Café/Restaurant |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Financial Services |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Community & Personal Services |
| <input type="checkbox"/> Others, please specify area <i>(e.g. Biotechnology)</i> : _____ | |

Nature of Business:
(Note: For any amendments to the nature of business after the application is successful, you will have to submit a new application. An administrative fee of \$40 will be charged upon submission.)

Operating Address of company/organization where business activities are conducted:
(Note: All successful applicants are required to inform Work Pass Division of the company's operating address within 3 months after the pass is issued if the information is not available at the point of application.)

| | | | |
|--------------------------|--------------------------|--------------|--------------------------|
| Postal Code: | Block/House No: | Floor No: | Unit No: |
| [][][][][][][][] | [][][][][][][][] | [][][][] | [][][][][][][][] |

Street Name: _____

Building Name: _____

| | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| 6B: Proposed Business Sector (Cont) | | | | | | | | | |
| Occupation: | | | | | | | | | |
| <i>(Please refer to the List of Standard Occupation before you fill in the "Occupation" field. If the occupation indicated 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 \$40 will be charged upon submission.)</i> | | | | | | | | | |
| Job Description: | | | | | | | | | |
| As specified in Employment Contract: <i>(Please refer to the MOM website: http://www.mom.gov.sg for more information on basic and fixed monthly salary.)</i> | | | | | | | | | |
| Fixed Monthly Salary: | S\$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .00 | | | | | | | | |
| | | | | | | | | | |
| Basic Monthly Salary | S\$ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .00 | | | | | | | | |
| | | | | | | | | | |
| Projected Manpower (over the next 3 years): | | | | | | | | | |
| Year 1 _____ No. of Employees | Year 2 _____ No. of Employees | | | | | | | | |
| Year 3 _____ No. of Employees | | | | | | | | | |
| Projected Turnover (over the next 3 years): | | | | | | | | | |
| Year 1 _____ (S\$) | Year 2 _____ (S\$) | | | | | | | | |
| Year 3 _____ (S\$) | | | | | | | | | |
| Amount of capital required to start up and commence operations (S\$): | | | | | | | | | |
| Proposed percentage of shareholding (%): | | | | | | | | | |
| Proposed paid-up capital (S\$): | | | | | | | | | |
| Sources of funding (e.g. self funded, through venture capital funds, etc.), please specify: | | | | | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| PART 7 - DECLARATION BY APPLICANT | | | | | |
| [Please tick (✓) accordingly. If any of the answers is "YES", please furnish details on a separate sheet of paper.] | | | | | |
| (a) Have you ever been refused entry into or deported from any country? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| (b) Have you ever been convicted in a court of law in any country? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| (c) Have you ever been prohibited from entering Singapore? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| (d) Have you ever entered Singapore using a different passport issued by a different country? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| (e) Have you ever entered Singapore using a different name? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| (f) Have you ever been a Singapore Citizen or Singapore Permanent Resident? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| (g) Have you ever stayed in Singapore? If Yes, please indicate the purpose(s) of stay below. | <input type="checkbox"/> Yes <input type="checkbox"/> 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? If Yes, please provide the most recent details below. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| (i) Country of Issue: _____ | | | | | |
| (ii) Length of Visa | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Year(s) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Month(s) | | | | |
| | | | | | |
| | | | | | |
| If any of the above answers from (a) to (f) is 'Yes', please provide details: | | | | | |
| _____ | | | | | |
| _____ | | | | | |

PART 8 – SPONSORSHIP [Complete either (A) or (B)]

(A) DECLARATION BY APPLICANT FURNISHING BANKER'S GUARANTEE

Note: The Banker's Guarantee has to be furnished during issuance of the pass.

I undertake to furnish a security deposit of S\$3,000 in the form of a Banker's Guarantee for this application. I certify that this application is made for the purpose as stated by me. The statements made by me in this application are to the best of my knowledge true. I undertake to be responsible for my own stay, maintenance and repatriation. I also undertake to be responsible for the compliance by me of any quarantine and medical surveillance imposed on me under Regulation 8 (2A) of the Immigration Regulations.

.....
Name / Signature of Applicant

.....
Date

(B) DECLARATION BY LOCAL SPONSOR

COVENANT

WHEREAS the Controller of Work Passes as a condition precedent to the issue to _____ *Name of Applicant*
(hereafter called "the Applicant") of an EntrePass to work in Singapore has required that _____ *Name of Sponsor*
(hereafter called the "Sponsor") shall give security in respect of the Applicant.

NOW THOSE PRESENTS witness that in consideration of the issue to the applicant of an EntrePass the Sponsor undertakes 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.

We hereby sponsor this application and certify that it is made for the purpose as stated by the applicant. The statements made by the applicant in this application are to the best of our knowledge true. We undertake to be responsible for the stay, maintenance and repatriation of the applicant.

.....
Authorized Signature / Date

.....
Name & Designation / Capacity

.....
Official Stamp of Company / Firm

PART 9 – DECLARATION & CONSENT BY APPLICANT [To be signed by Applicant]

GENERAL

1. I shall only engage in or participate in the business specified in this application.
2. I understand that the following are conditions of the EntrePass:
 - a. I shall operate my business only at the operating address stipulated in this document;
 - b. If I am unable to provide the operating address in this document, I shall update the Controller on the operating address within 3 months of issuance of my EntrePass;
 - c. I shall inform the Controller of any changes in the operating address within 7 days of such change;
 - d. I shall cancel my EntrePass within 7 days of cessation of my business;
 - e. I shall, for so long as my EntrePass is valid, inform the Controller of Work Passes of my residential address, in such form or manner as the Controller may determine, within 5 days after the commencement of my employment in Singapore after each change of my residential address, as the case may be; and
3. I shall report in person to the Controller as and when I am required by the Controller to do so.

I acknowledge and accept all the above conditions. Further and in addition, I hereby declare that –

1. I confirm that the information as set out in this application for EntrePass is to the best of my knowledge, true and correct. All documents submitted in support of this application for EntrePass are true copies of the originals.
2. 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.
3. I have not, directly or indirectly, engaged or used the services of an unlicensed employment agency.
4. 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.
5. 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.
6. I understand that if I breach any of the above conditions, I may be prosecuted and the Controller may revoke my EntrePass. Such breaches will be taken into account and they may affect my future Work Pass applications.

I declare that I have read and understood the above.

.....
Name of Applicant

Passport / Identity Card No.

Signature & Date