

Step-by-Step Guide to Issue A Foreign Domestic Worker's Work Permit via WP Online

Part A Submit Work Permit Issuance Request

Step	Actions
1	<ul style="list-style-type: none"> Go to MOM's website at www.mom.gov.sg
2	<ul style="list-style-type: none"> Click on 'Work Permit Online (WP Online) - (For Employers of Foreign Domestic Workers)' under 'Services & Forms'
3	<ul style="list-style-type: none"> Click on the hyperlink 'Login to WP Online' to access WP Online
4	<ul style="list-style-type: none"> Enter <SINGPASS ID> and click on 'Submit' <p>For more information on SINGPASS, please view SingPass (Singapore Personal Access) on the same page.</p>
5	<ul style="list-style-type: none"> Click on 'I Agree' after reading the Terms and Conditions on Use of the WP Online System
6	<ul style="list-style-type: none"> Click on 'Issue Work Permit' under 'Issue'
7	<ul style="list-style-type: none"> Click on 'Continue' after reading the Important Notes
8	<ul style="list-style-type: none"> Enter <WP No, Date of Application> and click on 'Go' to access 'Issue Work Permit' page <p>These information can be found on the In-Principle Approval letter.</p>
9	<ul style="list-style-type: none"> Enter new Travel Document details under the 'Update on Worker's Travel Document Details' in the 'New Data' column only if there are changes to the data under the 'Current Data' column. Enter required information under the heading 'Compulsory Update on Worker's Details'. <p>If you are not required to update the information, a message: "You are not required to provide any updates to WPD. Please proceed to 'Save as Draft' or 'Submit' " will be displayed.</p>
10	<ul style="list-style-type: none"> Click on 'Submit' <p>This brings you to the Confirmation Page where verification of information is required.</p> <p>Alternatively, you can click on 'Save as Draft' to save your work if you do not wish to submit – see Step 12 on how to retrieve your draft.</p> <p>The approval is immediate if your submission is made before 8pm (Monday to Friday) or before 2pm (Saturday). Upon successful submission, you must print the Notification Letter for the foreign domestic worker to report to WPSO for finger printing and photo imaging registration or card collection.</p>
11	<p>An issuance fee will be charged for each successful submission and it will be listed in the payment details. You can pay using Credit Card or eNets Debit.</p> <p>If overstaying fine is imposed on the foreign worker, the fine will also be listed in the payment details.</p> <ul style="list-style-type: none"> The 'Pay by Credit Card or eNets Debit' option will be auto selected. Click on 'Pay & Submit' Click on the logo of your preferred payment mode [either eNets Credit (visa/master) or eNets Debit (DBS, UOB or Citibank)] Enter the necessary payment details to confirm on the payment. <p>Please do not close the browser or click on the browser button while the payment is in progress. Any interruption will disrupt the transaction. Payment may still be deducted without confirmation. Please note that an issue request is considered complete only when you are brought to the result page and prompted to print the notification letter (next step below).</p> <p>If your payment is <u>successful</u>, you will be brought to the result page.</p> <ul style="list-style-type: none"> Click on 'Print' to print Special Pass/Overstaying Fine bill (if applicable) and Notification Letter Click on 'Close Window' to close the page Click on 'Continue' button <p>It brings you to the 'Issue Work Permit' page where you can start submitting a fresh request.</p> <p>If your payment is <u>not successful</u>, you will see a notification message showing that the transaction is not successful.</p> <ul style="list-style-type: none"> Click on 'Close Window' to close the page. Click on 'Continue' button <p>It brings you to the existing Issue Work Permit Page with the information you have entered earlier. You can resubmit your request, save your request or cancel the request.</p>
12	<p>If you have previously saved any draft issue request, you can</p> <ul style="list-style-type: none"> Click on 'Retrieve Draft for Work Permit Issuance' under 'Issue' to retrieve all drafts created Click on the <u>hyperlinked WP No.</u> to make amendments (if any) and click on 'Submit' <p>Alternatively, you can delete the draft.</p>

Part B Enquire on Status of Submitted Issuance Request

Step	Actions
1	<ul style="list-style-type: none">Click on 'Check Status – Issuance Request' under 'Issue' This allows you to check the status of your request(s).
2	<ul style="list-style-type: none">Enter only one of the four search parameters to retrieve your submitted request
3	<ul style="list-style-type: none">Click on the box beside Worker's Name, select one of the documents at one time from the drop-down menu (the options on types of documents are shown below) and click 'Print'<ul style="list-style-type: none">a) Notification Letter (You must print the Notification Letter which carries instructions on Worker's Fingerprint/Photo-Imaging or Work Permit Card collection at Work Pass Services Centre).b) Special Passc) Bill/Receipt for Overstaying Fine
4	<ul style="list-style-type: none">Click on 'Print' on the pop-up window to print the document.
5	<ul style="list-style-type: none">Click on the <u>hyperlinked WP No.</u> if you wish to view the results page

If you encounter problems on the above steps during Issuance, you can refer to the Frequently Asked Questions (FAQs) or User Guide under 'Help' in WP Online for more information.

**Employment of Foreign Manpower Act (Chapter 91A)
Employment of Foreign Manpower (Work Passes) Regulations (Regulation 12)
Security Bond Form For FOREIGN WORKERS (Domestic and non-Domestic)**

BY THIS BOND received this _____ day of _____ 20 _____,

I/We _____ of (or having our registered office at)

_____ acknowledge myself/ourselves bound to pay

the Government of the Republic of Singapore the sum of SGD\$ _____ ("the Obligation").

PURPOSE

I/We wish to apply for the issue of Work Passes:

- *a for the persons whose particulars appear in the Schedule to this Bond (the "Schedule") ("the said persons");
- b for the number of persons indicated in the Schedule whose particulars shall be supplied from time to time on the date of their arrival in Singapore and when so supplied shall form part of the Schedule ("the said persons");
- c for the persons whose particulars may from time to time be included in the Schedule with the consent of the Controller of Work Passes prior to or on the date of their arrival in Singapore in substitution for those whose particulars appear in the Schedule ("the said persons").

*(Delete a, b or c as necessary)

STATUTORY AUTHORITY

The Controller of Work Passes is agreeable to the issuing of Work Passes to the said persons on the following conditions to be observed by me/us in respect of the said persons, namely:-

- i. That during their stay in Singapore, I/we shall be responsible for the prompt payment of salary, be responsible for and bear the costs of their upkeep and maintenance, including medical treatment, and give them reasonable notice of and bear the full cost of their repatriation, ensuring that all outstanding salaries or monies due to them have been paid before their repatriation;
- ii. That I/we shall provide acceptable accommodation for them;
- iii. That, if any of them should die while in Singapore, I/we shall be responsible for the cost of burial or cremation or the return of the body to the country of nationality;
- iv. That I/we shall produce to the Controller of Work Passes any person whose Work Pass has been cancelled or whose Visit Pass/Special Pass has expired or who is required to report to the Controller at such times as I/we may be required to do so;
- v. That I/we shall employ them in accordance with the Work Pass applicable to them;
- vi. That I/we shall take reasonable steps to ensure that they comply with the Work Pass Conditions applicable to them, and such steps shall include (a) reporting to the Controller of Work Passes if I/we know they are not complying and (b) informing them of the Work Pass conditions applicable to them; and
- vii. That upon completion or termination of employment or resignation from employment of any of them, or the cancellation or revocation of their Work Passes, I/we shall inform the Controller of Work Passes in writing within seven days of such completion or termination of employment or resignation from employment and, subject to giving them reasonable notice, I/we shall immediately or within such period that may be specified by the Controller of Work Passes repatriate them.

And regulation 12 of the Employment of Foreign Manpower (Work Passes) Regulations provides that the Controller of Work Passes may require a bond to ensure compliance of the above conditions.

SECURITY DEPOSIT

I/We hereby deposit the sum of dollars _____ (SGD\$ _____) as security in respect of the performance of the above conditions.

NOW THE OBLIGATION shall be void and the cash deposit shall be returned to me/us if I/we at all times perform and observe the above conditions.

But should I/we breach any of the above conditions in respect of any of the said persons, then the Obligation shall be in full force and effect and the amount in respect of that person as indicated in the Schedule shall be forfeited partially or in whole by the Government of the Republic of Singapore. A partial forfeiture shall not extinguish the Government of the Republic of Singapore's right to forfeit the remainder for the same breach or a different breach.

Signed, sealed and delivered by:

In the presence of:

NRIC/Passport No., Name, Designation & Signature for and on behalf of _____ Name of Company _____ Seal _____ (to be filled up if non-domestic foreign workers are employed)	Name & Address of Witness _____ Signature _____
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The Schedule**

S/N	Name of Worker	Work Permit No.	Date of Application	Amount

**For more than five workers, please use the above format for submission of the Schedule (on a separate A4 size paper) together with the Security Bond Form.

Full Medical Examination Form For Foreign Workers

All Parts in this Form are to be completed by a Singapore registered doctor. The foreign worker's Travel Document must be produced to the Examining Doctor for identification.

Part I Personal Particulars of Foreign Worker

Name: _____ Passport No. _____ Sex: *Male / Female Height: _____ cm
 Occupation: _____ Date of Birth: _____ Citizenship: _____ Weight: _____ kg

Part II Medical History (To be declared and signed by the foreign worker)

		Yes	No	If yes, give brief details			Yes	No	If yes, give brief details
1	Mental illness	<input type="checkbox"/>	<input type="checkbox"/>		6	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	
2	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>		7	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	
3	Chronic Asthma	<input type="checkbox"/>	<input type="checkbox"/>		8	Malaria	<input type="checkbox"/>	<input type="checkbox"/>	
4	Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>		9	Operations	<input type="checkbox"/>	<input type="checkbox"/>	
5	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>						

I declare that all the information given above is true and correct. I hereby give my consent for a copy of this medical report after it is completed by the examining doctor to be released to the Ministry of Manpower, my employer, and also to the employment agent who assisted in my work permit application.

Signature of Foreign Worker _____

Date _____

Part III Please tick if any of the Examinations/Tests is Abnormal and give brief details separately.

Clinical Examinations	Abnormal	Other Tests	Abnormal
1 Cardiovascular System		1 Chest X-ray – to be taken in Singapore	<input type="checkbox"/>
A Blood Pressure	<input type="checkbox"/>		
Systolic:		2 Urine	
Diastolic:		a Albumin	<input type="checkbox"/>
B Heart Disease	<input type="checkbox"/>	b Sugar	<input type="checkbox"/>
C ECG (compulsory for male Thai workers & others above age 50, and in younger applicants where it is indicated, e.g. persons with cardiac murmurs or symptoms suggestive of Myocardial ischaemia)	<input type="checkbox"/>	c Pregnancy	<input type="checkbox"/>
D Severe varicose veins	<input type="checkbox"/>	3 VDRL	<input type="checkbox"/>
2 Anaemia (if clinically anaemic, do HB: _____ g%)	<input type="checkbox"/>	4 Hearing-unable to hear ordinary conversation at 2m	<input type="checkbox"/>
3 Respiratory System	<input type="checkbox"/>		
4 Abdomen		5 Vision (should be at least 6/12 in both eyes with or without glasses.)	<input type="checkbox"/>
a Hernia	<input type="checkbox"/>	a Vision Acuity	<input type="checkbox"/>
b Enlarged Liver	<input type="checkbox"/>	i) Right eye	<input type="checkbox"/>
c Enlarged Spleen	<input type="checkbox"/>	ii) Left eye	<input type="checkbox"/>
d Genito-Urinary System	<input type="checkbox"/>	b Colour Vision (for electricians & drivers only)	<input type="checkbox"/>
5 Skin-Chronic Disease (e.g. leprosy, widespread eczema, psoriasis, etc)	<input type="checkbox"/>	c Any organic eye disease, e.g. Trachoma	<input type="checkbox"/>
6 Locomotor/Neurological		6 Blood film for Malaria	<input type="checkbox"/>
a Significant limb amputation or deformity	<input type="checkbox"/>		
b Limb movement and co-ordination	<input type="checkbox"/>	7 HIV (AIDS)	
c Significant spinal deformity	<input type="checkbox"/>	Note: HIV (AIDS) Test and blood film for Malaria must be done at laboratories approved by the Ministry of Health.	<input type="checkbox"/>
d Other significant abnormalities (in relation to the Work required to be performed)	<input type="checkbox"/>		
7 Endocrine disorders, e.g. thyrotoxicosis	<input type="checkbox"/>		
8 Mental state	<input type="checkbox"/>		

Part IV Please tick in the box provided

Clinical examinations/tests (*including/excluding ECG) required above are normal except those test results indicated "Abnormal" (if any) in Part III.

Part V Certification from the Doctor (Any amendments must be endorsed by the Doctor who completes this Report)

I certify that I have examined the above-named foreign worker and found that this person is ***Fit / Unfit** for employment in the above-stated occupation.

Name of Doctor:
(in BLOCK Letter) _____

Signature of Doctor: _____

Clinic Address: _____

Date: _____

Telephone Number: _____

*Delete where inapplicable

Doctors to Note:

Please give a copy of the completed medical form to the employer/ employment agent if he/she asks for it.

Form 12B For Work Permit Applicants/Holders Only

Immigration Act (Chapter 133)

Immigration Regulations [Regulations 12(2) and 12(5)]

Application For A Visit Pass [Regulations 12(2) and 12(5)]

Visa

Part A: Particulars of Applicant	
Full Name in BLOCK LETTERS (Underline Surname)	Name in Chinese Character, if applicable
Alias, if any	
Work Permit Number:	
Have you ever been refused entry into or deported from any country?	*Yes / No
Have you ever been convicted in court of law in any country?	*Yes / No
Have you ever been prohibited from entering Singapore?	*Yes / No
Have you ever entered Singapore using a different Passport and Name?	*Yes / No
If 'Yes' for any or all of the above, give details on a separate sheet of paper.	

Part B: Particulars of Local Sponsor		
Please note that the local sponsor is responsible for the stay, maintenance and repatriation of the applicant.		
Identity Card Number (applicable to Employer of Foreign Domestic Worker)	Name and Address of Sponsor (Company's Stamp – if applicable)	Relationship to Applicant

Part C: Declaration By Applicant	
I hereby declare that all the particulars furnished by me in this application are true.	
I undertake not to misuse controlled drugs or to 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.	
I understand that if the Controller of Immigration is satisfied that I or any of my family member breaches this undertaking or becomes an undesirable or prohibited immigrant, he will cancel my Immigration Pass and the Passes of my family members, and we may be required to leave Singapore within 24 hours of such cancellation.	
_____	_____
Signature of Applicant	Date

Delete where inapplicable