

# FURTHER DEDUCTION FOR EXPENSES INCURRED IN THE RELOCATION OR RECRUITMENT OF OVERSEAS TALENT



(To be used for claims for Singapore Citizens and Permanent Residents only)

*Explanatory notes:*  
 This form may take 10 minutes to fill in.  
 To assist us in evaluating your application, please provide all the information required and submit all relevant documents. If the space given is insufficient, a separate sheet may be used. Where the information required is not yet available or not applicable, please indicate this clearly. Please submit one copy of this application form to:

Ministry of Manpower  
 International Manpower Division  
 18 Havelock Road  
 #06-01  
 Singapore 059764

## Part I – Details of Employing Company

- (a) Name and address of employing company: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_
- (b) ROC/B ref no: \_\_\_\_\_ Date of Registration: \_\_\_\_\_
- (c) Nature of business (*Please tick*):
- |  |                                    |
|--|------------------------------------|
| Manufacturing _____                    | Shipping / Transport _____         |
| Construction _____                     | Banking / Financial services _____ |
| Trading _____                          |                                    |
| Others ( <i>please specify</i> ) _____ |                                    |
- Please specify main products and/or activities:  
 \_\_\_\_\_  
 \_\_\_\_\_
- (d) Value of turnover of the company in the past 3 years:
- |                   |                   |                   |
|-------------------|-------------------|-------------------|
| _____ : S\$ _____ | _____ : S\$ _____ | _____ : S\$ _____ |
| ( <i>Year</i> )   | ( <i>Year</i> )   | ( <i>Year</i> )   |
- (e) Paid-up capital: S\$ \_\_\_\_\_ Authorised Capital: S\$ \_\_\_\_\_
- Present staffing position as at: \_\_\_\_\_ (*dd-mm-yy*)
- |  | <i>Local</i> | <i>Foreign</i> |
|--|--------------|----------------|
| Number of professional, managerial & supervisory staff | _____        | _____          |
| Number of secretarial & clerical workers               | _____        | _____          |
| Number of production workers                           | _____        | _____          |
| Others   | _____        | _____          |
| Total number of all employees                          | _____        | _____          |

## Part II – Government Assistance

Has the company received or is the company in the process of applying for any government grant, tax incentive or other government assistance scheme that would offset the recruitment and relocation expenses incurred in hiring the employee? If yes, please provide details below:

Government Assistance Scheme	Date granted	Period of grant	Amount S(\$)	Description of company's commitment under the Government Assistance Scheme

**Part III – Details of Employee***(Please make multiple copies if there is more than one eligible employee)***1. Details of employee**

- (a) Name of employee: \_\_\_\_\_
- (b) IC no / passport no.: \_\_\_\_\_ (c) PR / Singapore Citizen \*
- (d) Date which employee commenced employment in Singapore: \_\_\_\_\_
- (e) Occupation and Job scope: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (f) Fixed monthly income: \_\_\_\_\_
- (g) Highest qualification: \_\_\_\_\_

Educational/professional qualifications attained and/or vocational/industrial training completed. Please attach photocopies of the qualification certificates for evaluation.

Qualification	Name and address of educational institutions/ vocational training centres	Nature of course/training	Duration of course

**2. Details of employment record**

- (a) Has the employee worked for your company or any related company (in and out of Singapore) previously? Yes / No \*
- (b) Have your company or any related company (in and out of Singapore) previously claimed for the employee under this further tax deduction scheme? Yes / No \* If yes, please provide details below:

Name and address of employer	Relationship to your company (e.g. subsidiary, affiliate etc.)	Period of employment	Position held and responsibility	Fixed Monthly income (S\$)

\* Please delete where appropriate

**Part IV – Declaration** *(Applicant should be the CEO, Managing Director or equivalent)*

**I declare that all information given by me in this form is true.**

\_\_\_\_\_  
*Signature of applicant*

\_\_\_\_\_  
*Name of company*

\_\_\_\_\_  
*Name (in BLOCK LETTERS)*

\_\_\_\_\_  
*Telephone number*

\_\_\_\_\_  
*Designation*

\_\_\_\_\_  
*Date*

**Contact Person (if different from above)**

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Designation*

\_\_\_\_\_  
*Telephone number*

\_\_\_\_\_  
*Email address*

**For Official Use Only:**

Application Ref No:

File Ref. No.:

Officer in charge:

Date received: