

## Application for Replacement of Long Term Pass (LTP) / Disembarkation/Embarkation Card (Green Card)

This form may take you 5 minutes to fill in. You will need the following information to fill in the form:

- The pass holder's passport number; and
- The pass holder's Foreign Identification Number (FIN) and Date of Application (DOA).

**Note:** This form is only applicable for replacement of the following LTP or Green Card:

- Employment Pass (EP)
- Personalised Employment Pass (PEP)
- Entrepass
- Dependant's Pass (DP) and Long Term Visit Pass (LTVP) of the above passes
- Training Employment Pass (TEP)
- Work Holiday Pass (WHP)

The application for card replacement is subject to approval.

Please make an appointment via MOM website under 'Services & Forms' and proceed to EPSC on the appointment date with the following documents:

1. This completed form
2. The pass holder's original passport
3. If the card is destroyed/defaced, please attach it together with this form
4. A replacement fee of \$60 will be charged
5. Appointment confirmation slip

The EPSC is located at 20 Upper Circular Road, #04-01/02, The Riverwalk, Singapore 058416.

### Part 1: Personal Particulars of the Long Term Pass Holder

Name as in Passport: \_\_\_\_\_

Passport No.: \_\_\_\_\_

FIN: \_\_\_\_\_

Date of Application (DOA): \_\_\_\_\_

Please tick the appropriate card to be replaced: [ ] EP [ ] PEP [ ] EntrePass [ ] TEP [ ] WHP [ ] DP [ ] LTVP [ ] D/E

### Part 2: Declaration by \*Long Term Pass Holder / Sponsor

The card as stated in Part 1 was \*defaced; or destroyed/lost on \_\_\_\_\_ (date) at \_\_\_\_\_ (place).

Please tick the box that best describes the reason for loss:

Theft       Misplaced       Others (Pls specify): \_\_\_\_\_

\*I/We undertake to return the lost card to Work Pass Division immediately if it is recovered. I note that the card is not transferable to another person. It should only be held by the pass holder. I understand that strict actions will be taken against the employer and/or \*employees/pass holders who are found making false declaration on loss of the above mentioned card in order to apply for a replacement (if applicable). I declare that all the particulars given above are true and correct.

Signature of \*Pass Holder / Sponsor \_\_\_\_\_

Date \_\_\_\_\_

### Part 3a: Declaration by \*Employer / Sponsor

I declare that the above pass holder is still under my/our employment or my/our concern. I request for a card replacement for the abovementioned pass holder as the original card has been \*defaced/destroyed/lost. I note that the card is not transferable to another person. It should be held by pass holder. I understand that strict actions will be taken against employer and/or employees who are found making false declaration on loss of the card in order to apply for replacement (if applicable).

Name and \*NRIC / Passport No / FIN of \*Employer / Sponsor \_\_\_\_\_

Designation \_\_\_\_\_

Signature of \*Employer / Sponsor \_\_\_\_\_

Company Stamp (Applicable to Business Employer) \_\_\_\_\_

Date \_\_\_\_\_

### Part 3b: Authorisation by \*Employer / Sponsor (To be completed if a representative is coming on the employer/sponsor's behalf)

I authorize \_\_\_\_\_ of \*NRIC/Passport No. \_\_\_\_\_ to act on my behalf to apply for a replacement for the card as stated in Part 1 above.

\* Delete where applicable