



Temporary Work Permit Application For A Confinement Nanny

Key Information:

- 1. The Confinement Nanny must be:
(a) a Malaysian female
(b) between 23 and 65 years old
(c) employed at her employer's residential address.
2. The validity of the Temporary Work Permit will be no more than 16 weeks.
3. Prospective Confinement Nanny employers are discouraged from submitting Work Permit applications for a confinement nanny for cases where the newborn is more than four months old.

Part 1 Personal Particulars of Confinement Nanny

Please check the appropriate box

Name (as in Identity Card/Passport/Other Travel Documents) in BLOCK LETTERS. Please underline the surname.

Grid for name entry

Malaysian New Identity Card No.:

Grid for Malaysian New Identity Card No.

Malaysian Old Identity Card No. (if any):

Grid for Malaysian Old Identity Card No.

Type of Identity Card: 1 Malaysia Pink 2 Malaysia Blue

Travel Document No.:

Grid for Travel Document No.

Expiry Date (dd-mm-yyyy)

Grid for Expiry Date

Type of Travel Document Held: 1 Passport 2 Certificate of Identity 3 Other Travel Documents

Type of Present Endorsement in Travel Document:

- 0 Current Work Permit holder
2 Special Pass
3 Short Term Visit Pass
4 Long-Term Visit Pass (More than 3 months). Please state the expiry date (dd-mm-yyyy):
5 Dependant's Pass
6 Not Applicable (Foreign worker is not in Singapore)

Sex: 1 Male 2 Female

Marital Status: 1 Single 2 Married 3 Divorced/Separated 4 Widowed

Date of Birth (dd-mm-yyyy)

Grid for Date of Birth

Race: 1 Malay 2 Chinese 3 Indian 4 Others (Please specify:)

Place of Birth: MY Malaysia Others (Please specify:)

Citizen of: MY Malaysia Others (Please specify:)

Highest Qualification Obtained (Please attach a copy of the worker's educational certificate if the education level is not lower than Sec 4):

- 00 No Education 16 Primary Education 24 Secondary Education 26 Senior High School
30 Diploma 90 Education Unknown

Religion: B Buddhist F Free Thinker M Muslim H Hindu C Christian
S Sikh O Others

Worker's Basic Salary if the application is approved: \$ per month.

**Part 2 Particulars of Prospective Employer**

Employer's Name: \_\_\_\_\_

Date of Birth (dd-mm-yyyy):   -   -

Address: \_\_\_\_\_

Marital Status:     1 Single                       2 Married                       3 Divorced/Separated                       4 Widowed

Residential Status:     1 Singapore Citizen/Permanent Resident                       2 Employment Pass holder

3 Others (Please specify: \_\_\_\_\_)

**Particulars of Employer's Identity Card (for Singaporeans and Malaysians) or Passport (for other Nationalities)**

Identity Card No:

Colour of Identity Card:    \*Pink/Blue                                      Country of Issue:                      \*Singapore/Malaysia

Passport Number: \_\_\_\_\_                                      Country of Issue (Passport): \_\_\_\_\_

**Part 3 Particulars of Prospective Employer's Spouse**

Name of Employer's \*Wife/Husband: \_\_\_\_\_

Date of Birth (dd-mm-yyyy)      -   -

Residential Status:     1 Singapore Citizen/Permanent Resident                       Employment Pass holder

3 Others (Please specify: \_\_\_\_\_)

**Details of Employer's Identity Card (for Singaporeans and Malaysians) or Passport (for other Nationalities)**

Identity Card No:

Colour of Identity Card:    \*Pink/Blue                                      Country of Issue:                      \*Singapore/Malaysia

Passport Number: \_\_\_\_\_                                      Country of Issue (Passport): \_\_\_\_\_

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**Part 4 Additional Information from Prospective Employer and Spouse**

<b>Employment Details</b>	<b>Employer</b>	<b>*Wife/Husband</b>
Occupation:		
Name of Company:		
Tel No. (For Contact Purpose):		

Employer's Monthly Income: \_\_\_\_\_

Intended Employment Start Date:      -   -

Duration Required:       days    (Maximum of 112 days allowed)

Expected Date of Delivery:      -   -

(Please ensure that the completed application form is submitted at least seven (7) working days before the intended employment start date.)

Type of Residence:

- |                                                       |                                                 |                                           |                                              |
|-------------------------------------------------------|-------------------------------------------------|-------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> 11 Bungalow                  | <input type="checkbox"/> 12 Semi-detached House | <input type="checkbox"/> 13 Terrace House | <input type="checkbox"/> 33 HDB (3-Rm)       |
| <input type="checkbox"/> 22 Shop House                | <input type="checkbox"/> 31 HDB (1-Rm)          | <input type="checkbox"/> 32 HDB (2-Rm)    | <input type="checkbox"/> 37 HUDC             |
| <input type="checkbox"/> 34 HDB (4-Rm)                | <input type="checkbox"/> 35 HDB (5-Rm & above)  | <input type="checkbox"/> 36 HDB (Others)  | <input type="checkbox"/> 23 Private Flat/Apt |
| <input type="checkbox"/> 24 Public Flat/Apt (Non-HDB) |                                                 | <input type="checkbox"/> 61 Quarters      |                                              |

Employer's Family Members Details:

<b>BC/Passport/IC/FIN</b>	<b>Relationship</b>	<b>Date of Birth</b>	<b>Staying in the same address as employer? (Please indicate Yes/No)</b>

**Part 5 Employer's Declaration**

- All the particulars given in this application form are true and correct and I hereby give my consent to the Division to verify the particulars with any Government Agency.
- I am aware that if I make any false statements or produce any documents which I know to be false, I shall be guilty of an offence.
- I also understand that the levy liability of the Temporary Work Permit will start from the date the Temporary Work Permit is issued.
- I \*am/am not an undischarged bankrupt.

Name of Employer	Signature of Employer	Date
*Delete where inapplicable.		