

Application for Replacement of Work Permit / S Pass / S Pass - Related Passes 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
- The pass holder's Work Permit (WP) number / Foreign Identification Number (FIN) and Date of Application (DOA)

Note:

1. This form is only applicable for replacement of the following:

- Work Permit
- S Pass
- Dependant's Pass (DP) of S Pass
- Term Visit Pass (LTVP) of S Pass
- Disembarkation/Embarkation Card(s) issued to DP/LTVP Holders of S Pass

The application for card replacement is subject to approval. MOM may call for an interview at any time, with the employer and pass holder before issuing the replacement card.

2. The pass holder must report in person when applying for a replacement card at:

Work Pass Services Centre (WPSC)
Tanjong Pagar Complex, #02-27/29
7 Keppel Road, Singapore 089053

Operating Hours: Mondays to Fridays, 8am to 4.30pm. Please avoid peak hours from 12 noon to 2pm on weekdays.

3. Required documents to be submitted together with this completed form:

- Original passport of the pass holder
- A police report (applicable if pass holder is a victim of crime)
- \$60 in cash only
- Please complete Part 3B below if a representative or employment agent is coming on the pass holder's behalf.

Part 1: Pass holder's Particulars

Name in passport	:	_____
WP No. / FIN	:	[]
Passport Number	:	[]
Date of Application (DOA)	:	_____
Please tick card to be replaced	:	<input type="checkbox"/> Work Permit <input type="checkbox"/> S Pass <input type="checkbox"/> DP of S Pass <input type="checkbox"/> LTVP of S Pass <input type="checkbox"/> D/E

Part 2 Declaration by *Pass holder / Sponsor

The card was lost on _____ (date) at _____ (place) due to _____ (reason for loss).

I 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 action will be taken against the employer and/or pass holder who are found making false declaration on loss of the above mentioned card in order apply for a replacement. 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 lost. I note that the card is not transferable to another person. It should be held by the pass holder. I understand that strict action will be taken against the employer and/or pass holder who are found making false declaration on loss of the above mentioned card in order apply for a replacement. I declare that all the particulars given above are true and correct.

Name of *Employer / Sponsor

Date

Signature of *Employer / Sponsor

Company Stamp (Applicable to business employer)

Designation

Part 3B Authorisation by Employer (if applicable)

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.

For Official Use

CPF Ref No:

Replacement Date:

* Delete where applicable