

## Application for Exemption from the Foreign Domestic Worker (FDW) Employers' Orientation Programme (EOP)

This form may take you approximately 10 minutes to fill in.

You will need the following information to fill in the form:

- Employer's particulars
- Employer's sponsor's / spouse's / sponsor's spouse's / representative's particulars

### Important Notes:

1. All first-time FDW employers are required to attend the EOP before applying for a work permit for their FDW. Exemption applications will only be considered if the conditions in item 2 below have been fulfilled and if one of the Reasons for Application listed in Part I below apply.
2. When applying for an FDW with a sponsor, your sponsor is required to attend the EOP on your behalf unless the sponsor/ sponsor's spouse is/was a FDW employer. In **non-sponsored** applications, a representative (family member) is required to attend the EOP on your behalf.
3. You may submit a completed copy of this form together with the required supporting documents via email: [mom\\_peb@mom.gov.sg](mailto:mom_peb@mom.gov.sg) or fax: 6692-5490. For faxed applications, MOM will notify the employer directly or through the Employment Agency of the application outcome within 7 working days from date of receipt.
4. Employers are advised to submit the FDW's Work Permit application only **AFTER** receiving approval for the EOP exemption from MOM.

| Part I – Reasons for Application & Supporting Documents Required  |  |   |      |
|---|--|---|------|
| <input type="checkbox"/> Employer suffers from chronic medical conditions / unable to walk  | - Employer's NRIC / Passport   |   |      |
| <input type="checkbox"/> Employer is 60 years of age or more and suffer physical discomfort   | - Sponsor's/ Sponsor's Spouse's/ Representative's NRIC / Passport<br>- Medical documents/ letter from doctor (for chronic medical conditions / unable to walk) |   |      |
| <input type="checkbox"/> Employer is due to give birth or delivered within 1 month or less from date of application ( <b>Spouse has to attend EOP</b> ) | - Employer's NRIC / Passport<br>- Spouse's NRIC / Passport<br>- Spouse's Certificate of Attendance of EOP  |   |      |
| <input type="checkbox"/> Employer's spouse/ex-spouse was an FDW employer  | - Employer's NRIC/ Passport<br>- Spouse's/ Ex-Spouse's NRIC/ Passport<br>- Marriage / Divorce / Death Certificate of spouse                                    |   |      |
| Part II – Employer's Particulars  |  |   |      |
| Name (as stated in the NRIC or passport) :  |  |   |      |
| Residential Address:  |  |   |      |
| Nationality:  | NRIC No. / Passport No.:   | Date of Birth:  |      |
| Part III – Sponsor's / Spouse's / Sponsor's Spouse / Representative Particulars (delete whichever inappropriate)  |  |   |      |
| Name: (as stated in the NRIC or passport):  |  | Relationship to Employer:<br><input type="checkbox"/> Sponsor <input type="checkbox"/> Spouse <input type="checkbox"/> Others, please specify:<br>_____ |      |
| Residential Address:  |  | Sponsor/ Spouse/ Sponsor's Spouse is/was FDW employer:<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                      |      |
| Date of Birth:  | NRIC No. / Passport No.:   | If "No" has Sponsor/ Spouse/Representative attended the EOP:<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                |      |
|   | Email:   |   |      |
| Part IV – Declaration by Employer   |  |   |      |
| I declare that the information I have provided in this application form is true and correct.  |  |   |      |
| _____   | _____  | _____   |      |
| Date  | Signature  | Contact number(s)   |      |
| Part V – Employment Agency's Particulars  |  |   |      |
| Name of Employment Agency:  |  | Office Tel No:  | Fax: |
|   |  | Email:  |      |