

Work Pass Division18 Havelock Road
Singapore 059764
www.mom.gov.sg

Card Delivery Form

Section A		Pass Holder's Particulars	
Name	:	_____	
FIN No.	:	_____	Date of Application : _____

Section B		Card Delivery Address	
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Tell us where to send the card to. Tick (✓) the appropriate box below.

- Employer's registered address stated in the In-Principle Approval Letter
- Pass Holder's residential address stated in the In-Principle Approval Letter (for PEP and WHP holders only)
- Any preferred address (Except for protected or restricted places, such as army camps, prison and other offshore islands)

Block/House Number:	_____	Building Name:	_____
Street Name:	_____		
Floor Number:	_____	Unit Number:	_____
		Postal Code:	_____

Section C		Authorised Recipients' Particulars	
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Give us the names and contacts of three authorised recipients to improve chances of a successful card delivery. We will send them an SMS/email to inform them one day before the delivery, and also call them on the day itself. We usually deliver four working days after the card registration and/ or verification of documents.

Recipient 1

Name:	_____		
Identification Type:	<input type="checkbox"/> FIN	<input type="checkbox"/> NRIC	<input type="checkbox"/> Passport
Identification No.:	_____		
Email:	_____	Mobile No.:	_____

Recipient 2

Name:	_____		
Identification Type:	<input type="checkbox"/> FIN	<input type="checkbox"/> NRIC	<input type="checkbox"/> Passport
Identification No.:	_____		
Email:	_____	Mobile No.:	_____

Recipient 3

Name:	_____		
Identification Type:	<input type="checkbox"/> FIN	<input type="checkbox"/> NRIC	<input type="checkbox"/> Passport
Identification No.:	_____		
Email:	_____	Mobile No.:	_____