

**Work Pass Division**

18 Havelock Road  
 Singapore 059764  
 Tel: 6438 5122  
<http://www.mom.gov.sg>  
[mom\\_wpd@mom.gov.sg](mailto:mom_wpd@mom.gov.sg)



## Request Form for Change of Business Entity (COBE)

This form may take you 5 minutes to fill in.

**Note:**

This form is for change of business entity to transfer all existing foreign employees under the old business entity to the new business entity.

**Instructions:**

Please submit the electronic/scanned copy of the completed form via the iSubmit web portal (<http://www.mom.gov.sg/iSubmit>). For submission via iSubmit, please select '6. Work Permit Application Matters for Business Sectors' under 'Request Type' on the web portal.

**To: Controller of Work Passes**

This is to notify you of the following change of business entity:

	Name of Business Entity	Unique Entity Number (UEN)	Registered Business Address
<b>Old</b>			
<b>New</b>			

We will be transferring all the existing \_\_\_\_\_ (no.) Work Permit holders, \_\_\_\_\_ (no.) S Pass holders and \_\_\_\_\_ (no.) Employment Pass holders for the following accounts.

FROM:	Old CPF Submission Number	TO:	New CPF Submission Number

**Foreign Employees Details**

S/No	Name of Foreign Employee(s)	FIN / Work Permit No.	Work Pass Type	Date of Expiry	CPF Submission No.

(Please complete a separate form if the space provided is insufficient.)

**Request Form for Change of Business Entity**

---

We understand that:

1. As of \_\_\_\_\_ (Date of COBE request), we shall be deemed the employers of all the foreign employees as stated above / in the attached list and the new business entity will take over the assets and liabilities of the old business entity. Accordingly, the Conditions of Work Permit/S Pass/Employment Pass, as specified in the Employment of Foreign Manpower (Work Passes) Regulations, which is available on the MOM website will apply to us as employers of the foreign employees as at \_\_\_\_\_ (Date of COBE request).

It is our responsibility to abide by the Conditions of Work Permit/S Pass/Employment Pass. We declare that we have read, understood and will abide by these said conditions.

2. The Conditions of Work Permit/S Pass/Employment Pass, as specified set in the Employment of Foreign Manpower (Work Passes) Regulations are applicable to the foreign employees. We undertake that we have read and understood these conditions. We further undertake that if any of the foreign employees breach any of these conditions, we will cancel and repatriate the said foreign employees.
3. If we fail to repatriate the foreign employee(s) after the Work Permit(s)/S Pass(es) are cancelled or revoked, we understand that it is a breach of the Conditions of Work Permit/S Pass for which we may be prosecuted. Further, our security deposit (for non-Malaysian worker) may be forfeited.
4. We further declare that:
  - (a) All particulars given in this letter of undertaking are true and correct.
  - (b) We hereby give our consent to the Work Pass Division to verify the particulars with any Government Agencies as and when necessary.
  - (c) We undertake that we shall be responsible for the foreign employees at all times, while he/she is in Singapore.
  - (d) We are aware that the company/firm's Central Provident Fund account(s) are used by the Controller of Work Passes for the purpose of determining our local workforce and foreign employee entitlement, and we certify and confirm that the account(s) only include Central Provident Fund contributions made to persons actively employed by my company/firm.

---

Name of \*Director / Sole-proprietor / Partner as registered with ACRA

Signature

---

NRIC / Passport number of \*Director / Sole-proprietor / Partner

Date

---

Contact Number

Fax Number

Company Stamp