



# **Miscellaneous Work Pass Application Form**

**Important**: Please open and complete this form using **Adobe Acrobat Reader DC**, as it may not appear correctly with other PDF readers.

This form may take 30 minutes to fill in.

Submit the application form by completing the steps in this order:

- **Step 1** Download and fill in the application form in softcopy format so that you can get a payment reference number which you need to use for payment in **Step 3**.
- Step 2 Sign the application form.
- **Step 3** Pay the application fee electronically. Application fees are non-refundable. See Page 10.
- **Step 4** Upload the completed application form and supporting documents. Your organisation needs a Corppass for this step. Register for Corppass at <a href="https://www.corppass.gov.sg">www.corppass.gov.sg</a> if you do not have one.

#### **APPLICATION FOR MISCELLANEOUS WORK PASS**

# Step 1 Fill in the form in softcopy format

#### **INSTRUCTIONS**

- 1. You must get the applicant's <u>written consent</u> to apply for the Miscellaneous Work Pass.
- 2. Enter 'Not applicable' or 'N.A' where necessary. Do not leave any fields blank.
- 3. It takes around 6 weeks to process the application. Some cases may take more time. Visit <a href="www.mom.gov.sg/pass-application-status">www.mom.gov.sg/pass-application-status</a> to check the application status
- Event organisers are advised not to publicise the applicant's participation in the event until the work pass has been approved.

# PART 1 – BASIC PARTICULARS OF APPLICANT

| 1A: Personal Particulars   |   |
|--|---|
| Please enter the FIN/Work Permit/S Pass number if the appli Applied for or worked in Singapore on an Employment Studied in Singapore on a Student's Pass. Stayed in Singapore on a Dependant's Pass or Long-To | Pass, S Pass or Work Permit.              |
| Foreign Identification Number (FIN)  | Work Permit/S Pass number                 |
| Full name (as on travel document, excluding salutations e.g. N   | /Ir, Miss, Professor, Doctor)             |
| Alias (only if it appears on the travel document)  | Date of Birth (DD/MM/YYYY)                |
| Sex  | Marital Status                            |
| Nationality/Citizenship  | State/Province of Nationality/Citizenship |
| Country/Region of Birth  | State/Province of Birth                   |
| Country/Region of Origin (where the person obtained his/her first citizenship by birth or parentage)   | State/Province of Origin                  |
| Last Address in Country/Region of Origin   |   |
| Race   | Religion                                  |

| 1B: Travel Document        | Information        | )                         |                 |                         |                       |
|----------------------------|--------------------|---------------------------|-----------------|-------------------------|-----------------------|
| Travel Document Type       |                    | -                         |                 |                         |                       |
| Travor Boodinone Typo      |                    |                           |                 |                         |                       |
|                            |                    |                           |                 |                         |                       |
| Travel Document Num        | ber                | Issue Date (DD/MI         | M/YYYY)         | Expiry Date (DD         | /MM/YYYY)             |
|                            |                    |                           |                 |                         |                       |
|                            |                    |                           |                 |                         |                       |
| 1C: Contact Details        |                    |                           |                 |                         |                       |
| Email Address              |                    |                           |                 | Phone Number            |                       |
|                            |                    |                           |                 |                         |                       |
|                            |                    |                           |                 |                         |                       |
| 1D: Singapore Reside       | ential Addre       | ss (if currently stay     | ving in Singa   | pore)                   |                       |
| Block/House Number         | Street Nan         |                           | ,               | /                       |                       |
|                            |                    |                           |                 |                         |                       |
|                            |                    |                           |                 |                         |                       |
| Unit Number                | Building Na        | ame                       |                 | Postal Code             |                       |
|                            |                    |                           |                 |                         |                       |
|                            |                    |                           |                 |                         |                       |
| PART 2 – CANDIDAT          | E'S EDUCA          | TIONAL AND ME             | MBERSHIP        | DETAILS                 |                       |
| Start with the candidate's | highest qual       | fication. Fill in the inf | formation exac  | tly as shown on the edu | cational certificate. |
| 2A: Educational Deta       | ils                |                           |                 |                         |                       |
| (1) Educational Detail     |                    |                           |                 |                         |                       |
| Name of Awarding Boo       | ly/Institution     | /University               |                 |                         |                       |
| ŭ                          | •                  | ,                         |                 |                         |                       |
|                            |                    |                           |                 |                         |                       |
| Country                    |                    |                           | State/Provin    | ice                     |                       |
|                            |                    |                           |                 |                         |                       |
| Attended Main Campus       | s or Affiliatin    | n College? (only fo       | r India qualif  | ication)                |                       |
| Attended Main Campu        | S Of Allillatill   | g College: (Offig 10      | i ilidia qualii | cation)                 |                       |
|                            |                    |                           |                 |                         |                       |
| Qualification (e.g. Diplo  | ma. For Ho         | nours degree, plea        | se state the    | class and division.)    |                       |
|                            |                    |                           |                 |                         |                       |
| Connection / a su Ch       | iI                 | \                         | Гария (а        | Francis a a visa es     |                       |
| Specialisation (e.g. Ch    | emicai Engli       | neering)                  | racuity (e.g    | . Engineering)          |                       |
|                            |                    |                           |                 |                         |                       |
| Period of Study (DD/MM     | I/YYYY)            | <u> </u>                  | Mode o          | f Study                 |                       |
| From:                      | •                  |                           |                 | ,                       |                       |
|                            | To:                |                           |                 |                         |                       |
| (2) Educational Detail     |                    |                           |                 |                         |                       |
| Name of Awarding Boo       | ly/Institution     | /University               |                 |                         |                       |
|                            |                    |                           |                 |                         |                       |
| Country                    |                    |                           | State/Provin    | 100                     |                       |
| Country                    |                    |                           | Otate/i Tovii   |                         |                       |
|                            |                    |                           |                 |                         |                       |
| Attended Main Campus       | s or Affiliatin    | g College? (only fo       | r India qualifi | cation)                 |                       |
|                            |                    |                           |                 |                         |                       |
| 0 1:6: (: / D: 1           |                    |                           |                 | 1 1 1 1 1               |                       |
| Qualification (e.g. Diplo  | oma. ⊦or Ho        | nours degree, plea        | se state the    | class and division.)    |                       |
|                            |                    |                           |                 |                         |                       |
| Specialisation (e.g. Ch    | emical Fngir       | neering)                  | Faculty (e.g.   | . Engineering)          |                       |
|                            | <b>5</b> 41 =11911 | (8,5                      |                 |                         |                       |
|                            |                    |                           |                 |                         |                       |
| Period of Study (DD/MM     | I/YYYY)            |                           | Mode o          | f Study                 |                       |
| From:                      | To:                |                           |                 |                         |                       |

| Miscellaneo        | us Work Pass A      | pplication Form        |                        |              |                        |                  |
|--------------------|---------------------|------------------------|------------------------|--------------|------------------------|------------------|
| 2B: Soc            | ieties/Organi       | sations Membersh       | <b>nip</b> (for the pa | ast 5 years) |                        |                  |
|                    | y/Organisation      |                        |                        |              |                        |                  |
| Name of            | Society/Orga        | nisation               |                        |              |                        |                  |
|                    |                     |                        |                        |              |                        |                  |
| Position           | Held                |                        |                        | Period (     | DD/MM/YYYY)            |                  |
|                    |                     |                        |                        | From:        | 7                      | o:               |
| (2) Society        | y/Organisation      | Membershin             |                        |              |                        |                  |
|                    | Society/Orga        |                        |                        |              |                        |                  |
|                    | <b>7</b> • <b>3</b> |                        |                        |              |                        |                  |
| Position           | Hald                |                        |                        | Deriod /     | DD/MM/YYYY)            |                  |
| 1 03111011         | i ieiu              |                        |                        | 1            | ·                      |                  |
|                    |                     |                        |                        | From:        |                        | ō:               |
| PART 3             | – CANDIDAI          | E'S WORKING EX         | (PERIENCI              | E            |                        |                  |
|                    |                     |                        |                        |              |                        |                  |
|                    | Experience          |                        |                        |              |                        |                  |
| Years:             | riod of Workin      | g Experience           |                        | Months:      |                        |                  |
| Tears.             |                     |                        |                        | MOHUIS.      |                        |                  |
|                    |                     |                        |                        |              |                        |                  |
|                    | levant Workin       | g Experience (Relev    | ant to the occ         |              | art 4C)                |                  |
| Years:             |                     |                        |                        | Months:      |                        |                  |
|                    |                     |                        |                        |              |                        |                  |
| art with the       | most recent w       | orking experience. Per | iods of unem           | nployment    | should also be stated. |                  |
| Period (DD<br>From | D/MM/YYYY) To       | Name of Company        | Country a              | nd State     | Position Held          | Nature of Duties |
|                    |                     |                        |                        |              |                        |                  |
|                    |                     |                        |                        |              |                        |                  |
|                    |                     |                        |                        |              |                        |                  |
|                    |                     |                        |                        |              |                        |                  |
|                    |                     |                        |                        |              |                        |                  |
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|                    |                     |                        |                        |              |                        |                  |
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|                    |                     |                        |                        |              |                        |                  |
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|                    |                     |                        |                        |              |                        |                  |
|                    |                     |                        |                        |              |                        |                  |
|                    |                     |                        |                        |              |                        |                  |
|                    |                     |                        |                        |              |                        |                  |
|                    |                     |                        |                        |              |                        |                  |
|                    |                     |                        |                        |              |                        |                  |
|                    |                     |                        |                        |              |                        |                  |

#### PART 4 - DUTIES TO BE PERFORMED IN SINGAPORE

#### 4A: Purpose of Visit and Details of Activities

Indicate in chronological order and provide the exact dates of the activities. The total duration of the activities must not exceed 60 days.

|   | Name and description of activity | Address where activity will be held at | Start date<br>(DD/MM/YYYY) | End date<br>(DD/MM/YYYY) |
|---|----------------------------------|--|----------------------------|--------------------------|
| 1 |                                  |  |                            |                          |
| 2 |                                  |  |                            |                          |
| 3 |                                  |  |                            |                          |
| 4 |                                  |  |                            |                          |
| 5 |                                  |  |                            |                          |
| 6 |                                  |  |                            |                          |

If the candidate is performing more than 6 activities, please indicate the details on a separate document and upload it together with this application form. If you require the candidate to perform additional activities after this application has been submitted, you need to submit another application.

#### **4B: Salary Details**

The fixed monthly salary refers to the basic monthly salary plus fixed monthly allowances. It does not include payments which vary from month to month.

Fixed Monthly Salary = Basic Monthly Salary + Fixed Monthly Allowances E.g. \$\$5,000 = \$\$4,500 + \$\$\$500 For more details on the fixed monthly salary, refer to this page.

| As specified in the employment contra | ct: |                                |   |                            |
|---------------------------------------|-----|--------------------------------|---|----------------------------|
| Basic Monthly Salary (S\$)            |     | Fixed Monthly Allowances (S\$) |   | Fixed Monthly Salary (S\$) |
|                                       | +   |                                | = |                            |
|                                       |     |                                |   |                            |

#### **4C: Employment Details**

Occupation (you may refer to the list of standard occupations)

| PART 5 – DETAILS OF SPONSOR COMPANY/SOCIETY/ORGANISATION |                            |              |             |  |
|--|----------------------------|--------------|-------------|--|
| 5A: General Information                                  | on                         |              |             |  |
| Registered Name of Spo                                   | onsor Company/Society/Orga | nisation     |             |  |
|  |                            |              |             |  |
| Correspondence Address                                   |                            |              |             |  |
| Block/House Number                                       | Street Name                |              |             |  |
| Block House Humber                                       | otreet Name                |              |             |  |
|  |                            |              |             |  |
| Unit Number  | Building Name              |              | Postal Code |  |
|  | <b>G</b>                   |              |             |  |
|  |                            |              |             |  |
| Unique Entity Number (                                   | UEN)                       | Phone Number |             |  |
|  |                            |              |             |  |
|  |                            |              |             |  |

| 5B: Details of Contact Person (You must provide this for us to contact you            | au about the application ) |
|---|----------------------------|
| Name  | ou about the application.) |
|   |                            |
| Email Address   | Phone Number               |
|   |                            |
|   |                            |
| <b>5C: Sponsor's details</b> (Person who will be signing the declaration form as Name | the sponsor.)              |
|   |                            |
| Designation   |                            |
| · ·   |                            |
|   |                            |
| PART 6 – OTHER INFORMATION  |                            |
| Has the candidate ever:   |                            |
| (a) Been refused entry into or deported from any country?                             |                            |
| (b) Been convicted in a court of law in any country?                                  |                            |
| (c) Been prohibited from entering Singapore?  |                            |
| (d) Entered Singapore using a passport issued by a different coun                     | try?                       |
| (e) Entered Singapore using a passport showing another name?                          |                            |
| (f) Been a Singapore Citizen or Singapore Permanent Resident?                         |                            |
| (g) Worked in Singapore?  |                            |
| (h) Studied in Singapore?   |                            |
| (i) Stayed long-term in Singapore (not as a tourist)?                                 |                            |
| If the answer to any of the above questions is YES, please provide the de             | etails                     |
|   |                            |
|   |                            |
|   |                            |
|   |                            |
| How will you be making payment for this application?                                  |                            |

### Step 2 Get the form signed by all parties

# PART 7 – DECLARATION BY CANDIDATE

I confirm that the information as set out in Parts 1-3 and 6 were provided by me and that the said information is true and correct.

I understand that I may be subject to prosecution if I have provided any information, which is false in any material particular or is misleading by reason of the omission of any material particular.

I undertake not to indulge in any activities which are inconsistent with the purpose for which the Miscellaneous Work Pass is issued.

I further undertake not to be engaged in any form of employment, business or occupation whilst in Singapore without the written consent of the Controller of Work Passes.

With reference to my application for Miscellaneous Work Pass and residence in Singapore, I give my consent to the Government of Singapore to obtain from and verify information with any person, organization or any other source for assessing my application.

| Candidate's name (generated from Part 1A) | Candidate's signature |
|---|-----------------------|
|   | Date (DD/MM/YYYY)     |

#### PART 8 – DECLARATION BY LOCAL SPONSOR

We hereby sponsor this application and certify that it is made for the purpose as stated by the candidate. We confirm that the information provided in Part 4 and 5 is true and correct. We have obtained written consent from the candidate to apply for a Miscellaneous Work Pass for him/her. I will produce this consent when requested by the authority. The statements made by the candidate in this application are to the best of our knowledge true.

WHEREAS the Controller of Work Passes as a condition precedent to the issue to

(hereafter called "the Candidate") of a Miscellaneous Work Pass to work in Singapore has required that

(hereafter called "Sponsor") shall give security in respect of the Candidate.

NOW THOSE PRESENT witness that in consideration of the issue to the candidate of a Miscellaneous Work Pass, the Sponsor undertakes to:

- (i) be responsible for the stay, maintenance and repatriation of the candidate;
- (ii) indemnify the Singapore Government for any charges or expenses which may be incurred by the Government in respect of the repatriation of the said candidate or any of his dependants; and
- (iii) be responsible for the compliance by the candidate of any quarantine and medical surveillance imposed on the candidate under Regulation 8 (2A) of the Immigration Regulations.

| Name of sponsor# (generated from Part 5C)   | Sponsor's signature |
|---|---------------------|
|   | Date (DD/MM/YYYY)   |
| <b>Designation</b> (generated from Part 5C) | NRIC number/FIN     |
|   |                     |

<sup>\*</sup>Authorised human resources personnel or any person holding at least a managerial position in the sponsor company.

#### PART 9 – DECLARATION BY EMPLOYMENT AGENCY

# Only applicable if the services of an employment agency were used.

I declare that I have explained the contents of the application for a Miscellaneous Work Pass and this Declaration Form to the candidate and the local sponsor.

I declare that the information in this Application for a Miscellaneous Work Pass, Declaration Form and any appeals are, to the best of my knowledge, true and correct; and that all documents submitted in support for this Application, Declaration Form and any appeals, are true copies of the originals.

| Name of Employment Agency           | Licence Number                           |  |  |  |
|-------------------------------------|--|--|--|--|
|                                     | Unique Entity Number (UEN)               |  |  |  |
| Name of Employment Agency Personnel | Signature of Employment Agency Personnel |  |  |  |
| Personnel Number                    | Date (DD/MM/YYYY)                        |  |  |  |

# Step 3 Pay the application fee using PayNow

Pay the fee of \$175 for each application using the method you chose on Page 6:

# Step 4 Upload the completed application form and supporting documents

Upload the following documents at www.mom.gov.sg/submit-mwp:

| Please tick 🗸 | Document  | Submit as            | File<br>size<br>limi |
|---------------|---|----------------------|----------------------|
|               | Original completed and signed application form  | 1 PDF file           | 4 MB                 |
|               | Screenshot of proof of payment and personal particulars page of the applicant's travel document. If there are any amendments to the particulars (e.g. name or expiry date), please include the pages confirming them. | 1 PDF or<br>JPG file | 3 MB                 |
|               | Synopsis of the talk or event   | 1 PDF file           | 7 MB                 |

Note: Non-English documents must be accompanied by an English translation. The translation can be done by a translation service provider.)