



Apply for Special Pass for your Work Permit holder

Completing the form

You need 5 - 10 minute to complete. **All fields are compulsory.**

Please read the *Important Notes* before completing this form.

This form needs to be completed and signed by:

- the **sole proprietor or partner**, if your company is a sole proprietorship or partnership.
- a **director**, registered with ACRA, for private limited companies. If the director wishes to appoint his employee to sign the form, the director must provide a written authorisation to MOM.

About your application

I want to apply for a Special Pass for my injured worker

Application date* (DD MM YYYY):

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*Must be on OR before the Special Pass start date

About your organisation

Unique Entity Number (UEN):

Name:

Accommodation details for your worker

Address:

Floor number (e.g. first):

Bed type (e.g. upper, middle):

Type of housing (tick one):

- Purpose Built Dormitory (PBD)
 Company Temporary Quarters (CTQ)
 Factory Converted Dormitory (FCD)
- Private Residential Property (PRP) - state number of persons staying in the unit _____ (e.g. two, three)
- Housing Development Board Flat (HDB) - state number of persons staying in the unit _____ (e.g. two, three)

Note:

- You must attach photographs (minimum 3 coloured photos) of the accommodation that is / will be provided to him. They should show (1) interior of the bedroom, (2) living/dining area and (3) bathroom.

The photographs of the accommodation will be shown to the worker. You are to provide the worker with photographs of the new accommodation if there is a subsequent change of address. Under Part III, Fourth Schedule of the Employment of Foreign Manpower (Work Passes) Regulations, employers are required to ensure that their foreign workers have acceptable accommodation. Employers who fail to ensure that their foreign workers have acceptable accommodation, or furnish information which they know or have reason to believe is false, may be prosecuted under the Employment of Foreign Manpower Act. For more information, please visit www.mom.gov.sg/housing



Declarations

Declaration by employer

I declare that:

1. I am aware and will comply with the Work Permit conditions and related regulatory requirements, available at www.mom.gov.sg.
2. During the identified injured worker's stay in Singapore:
 - a) I will be responsible for and pay for the upkeep and maintenance (including food and accommodation).
 - b) I will pay his medical leave wages and medical expenses.
 - c) I will give reasonable notice of and pay full cost of sending him home, with the consent of relevant authorities.
3. I will ensure that he receives adequate food during his stay.
4. I am aware that the injured worker cannot be sent home early without the consent of the relevant authorities.
5. I acknowledge that the security bond placed for the identified injured worker will be forfeited if the special pass conditions is violated and / or I fail to comply with MOM instructions to me.

I hereby declare that the information provided in this form is true and correct.

Your full name and job title:

Sole Proprietor/ Partner/ Director/ Authorised Person

Your signature:

Your NRIC/ passport number:

Delete accordingly

Your contact number:

Date

(DD-MM-YYYY)

Declaration by foreign worker

I declare that:

1. I understand that if I fail to comply with any of MOM's instructions and / or any of the following Special Pass conditions, my Special Pass may not be extended and I may be sent back home.
2. I will report to MOM on time to extend my Special Pass or I may be considered a wilful over-stayer.
3. I will attend all medical appointments with hospitals and clinics as required by MOM or my employer.
4. I will produce documents related to the purpose of this Special Pass to MOM or employer / insurer without delay.
5. I will comply with MOM requirements on accommodation such as staying in employer-provided or MOM-appointed dormitory.
6. I am not permitted to work while on Special Pass. If found working illegally or breaking any law, I will be sent back home.

The above content was explained to me in a language that I understand.

I hereby declare that the information provided in this form is true and correct.

Your full name:

Your signature:

Your Work Permit number:

Your contact number:

Date

(DD-MM-YYYY)



Important Notes

(A) Work Permit

1. As an employer of foreign workers, you must comply with a set of Work Permit conditions required by law. The penalty for any violation of a Work Permit condition is a fine of up to \$5,000, imprisonment of up to 12 months, or both.
2. According to the Work Permit conditions, an employer is responsible for their foreign workers' upkeep and maintenance, including the costs of medical treatment.

(B) Upon Cancellation of Work Permit,

1. As an employer of foreign worker whose work permit has been cancelled, you must comply with a set of conditions required under the Employment of Foreign Manpower Regulations (EFMR).
2. You are required to provide and bear the cost of food, medical treatment and accommodation (that does not compromise their safety and well-being) until your foreign worker is repatriated.

Part III of the Employment of Foreign Manpower Regulations (EFMR) - Fourth Schedule.

Cancellation of work permit and visit pass and duties before or upon repatriation of foreign employee

11A. Except as the Controller specifies otherwise in writing, the employer is responsible for —

(a) the upkeep and maintenance of the foreign employee in Singapore, including the provision of adequate food and medical treatment; and

(b) bearing the costs of such upkeep and maintenance.

11B. The employer shall ensure that the foreign employee has acceptable accommodation in Singapore. Such accommodation must be in accordance with the requirements in any written law, directive, guideline, circular or other similar instrument issued by any competent authority.

(C) Security bond

1. As an employer of foreign workers, you must buy a \$5,000 security bond for each non-Malaysian Work Permit holder you want to employ.
2. You and your foreign worker are bound by the security bond conditions. Any violations of the conditions can result in the forfeiting of the security bond.
3. You are responsible for your foreign worker's upkeep and maintenance, including the costs of provision of medical treatment, according to the requirements of the security bond.



Documents to bring for the Special Pass Application

- Company's request letter (using company's letterhead) stating the reason(s) for cancelling work permit and request to issue the special pass.
- The work permit holder's original passport or police report if the passport is lost.
- The work permit holder's medical appointment card (if any).
- The work permit holder's work permit card.
- Three photos (minimum) that clearly shows the condition of the accommodation provided.

Applicants to approach MOM Services Centre - Hall A at 1500 Bendemeer Road, Singapore 339946

The presence of the company representative is not required if the form is fully completed (with the inclusion of photos).