



Declaration Form for Overseas Networks & Expertise Pass (Dependant's Pass / Long-Term Visit Pass)

As part of the issuance process, this form is to be completed by the Dependant's Pass / Long-Term Visit Pass applicant, and the Overseas Networks & Expertise Pass applicant / holder.

Application Reference Number:

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(Please refer to the Approval email or the Acknowledgement email from us)

e.g. OVExxxxxxxx or PEPxxxxxxxx

Declaration by Dependant's Pass / Long-Term Visit Pass applicant

(If the dependant is below 16 years old, a parent can sign on his/her behalf.)

I declare that:

- The information in this Application for a Dependant's Pass / Long-Term Visit Pass is, to the best of my knowledge, true and correct; and that all documents submitted in support for this Application, are true copies of the originals.
- I have not suffered from or am not suffering from Acquired Immune Deficiency Syndrome (AIDS) or infected with Human Immunodeficiency Virus (HIV) or tuberculosis (TB).
- In relation to my COVID-19 vaccination status, I am fully vaccinated according to the vaccination requirements stated in our website at <https://www.mom.gov.sg/vac-reqmts>. This is undertaken in accordance with the following where applicable – the prevailing guidelines of the Singapore Ministry of Health and Ministry of Manpower, or the Employment of Foreign Manpower (Work Passes) Regulations 2012. To meet the requirements, I declare that I have read the guidelines contained in <https://www.mom.gov.sg/vac-reqmts>.

I undertake not to misuse controlled drugs or to take part in any political or other activities during my stay in Singapore, which would make me an undesirable or prohibited immigrant under the Immigration Act.

I consent, for the purpose of assessing this Application for a Dependant's Pass / Long-Term Visit Pass, and the administration of work pass matters:

- For the Government of Singapore and statutory authorities to obtain from and verify information (including my medical records and information relating to them) with any person, organisation or any other source, and to display my information on the Ministry of Manpower's work pass systems.
- To the release of all information obtained (including my medical records and information relating to them) to the Government of Singapore, statutory authorities, their agents, and any relevant person or organisation.
- To the display of my pass details when my card is scanned using the Ministry of Manpower's work pass mobile application.
- To the use of my contact details to contact me during emergencies and sending messages related to my work pass and employment in Singapore, and to share my contact details with other Government agencies and statutory authorities for the same purpose.
- To share my personal details with the Singpass issuing agency to allow me to apply for a Singpass account at a later time if I am eligible, to access Government e-services in Singapore.

I will **notify** the Work Pass Division, Ministry of Manpower **within 5 days** in the event of any change in contact details, including my residential address.

I am aware that if I have stated or provided any information that I know to be false, do not believe to be true or is misleading by reason of the omission of any material particular, I may be subject to enforcement action including prosecution, the cancellation of the in-principle approval and the revocation of my Dependant's Pass / Long-Term Visit Pass.

Name of Dependant's Pass / Long-Term Visit Pass applicant	Signature
FIN (if applicable)	Date (DD/MM/YYYY)

Declaration by Overseas Networks & Expertise Pass applicant / holder in support of application for a Dependant's Pass / Long-Term Visit Pass

I undertake to:

- Bear responsibility for the upkeep and maintenance in Singapore of the Dependant's Pass / Long-Term Visit Pass applicant.
- Provide all reasonable assistance to the Dependant's Pass / Long-Term Visit Pass applicant to comply with any quarantine and medical surveillance imposed on him/her under Regulation 8(2A) and 8(4) of the Immigration Regulations c.133.

I declare that:

- The information in this Application for a Dependant's Pass / Long-Term Visit Pass is, to the best of my knowledge, true and correct; and that all documents submitted in support for this Application, are true copies of the originals.
- In relation to the COVID-19 vaccination status of the dependant, I will inform and ensure that he/she is fully vaccinated according to the vaccination requirements stated in our website at <https://www.mom.gov.sg/vac-reqmts>. This is undertaken in accordance with the following where applicable - the prevailing guidelines of the Singapore Ministry of Health and Ministry of Manpower, or the Employment of Foreign Manpower (Work Passes) Regulations 2012. To meet the vaccination requirements, I declare that I have read the guidelines contained in <https://www.mom.gov.sg/vac-reqmts>.

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

Name of Overseas Networks & Expertise Pass applicant / holder	Signature
FIN (if applicable)	Date (DD/MM/YYYY)