



# ICA

Securing Our Borders,  
Safeguarding Our Home

## ANNEX TO APPLICATION FOR A VISIT PASS (FORM 14)

An applicant whose husband / wife is a Singapore Citizen or Singapore Permanent Resident is required to complete the following:

### I. APPLICANT

| (a) Name: _____   |               |                               |            |                           |
|---|---------------|-------------------------------|------------|---------------------------|
| (b) Highest Academic Qualification Attained: _____  |               | (c) Year of Graduation: _____ |            |                           |
| (d) School/College/University Attained: _____   |               |                               |            |                           |
| (e) Gross Monthly Salary (S\$) : _____  |               |                               |            |                           |
| (f) Address in Singapore: _____<br>_____  |               |                               |            |                           |
| <p>Are you currently residing with the sponsor at the above address?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>How long have you been residing with the sponsor at the above address? _____</p> <p>List your addresses in Singapore over the last five years.</p> |               |                               |            |                           |
|   |               |                               |            |                           |
|   |               |                               |            |                           |
| (If you and your spouse are not living together, please provide reasons in a separate sheet of paper ).   |               |                               |            |                           |
| (g) Date of Marriage : _____ (DDMMYYYY)   |               |                               |            |                           |
| (h) Is the marriage registered in Singapore? : <input type="checkbox"/> Yes <input type="checkbox"/> No   |               |                               |            |                           |
| (i) Marriage Certificate No.: _____   |               |                               |            |                           |
| The information required below is applicable only if applicant is a female spouse   |               |                               |            |                           |
| (j) Are you currently pregnant? : <input type="checkbox"/> Yes <input type="checkbox"/> No  |               |                               |            |                           |
| (k) Expected Date of Delivery : _____ (DDMMYYYY)  |               |                               |            |                           |
| (l) Particular of Applicant's parents and children by the present marriage *: ** (If not applicable, please enter NIL)  |               |                               |            |                           |
| Name  | Date of Birth | Nationality/<br>Citizenship   | Occupation | Relationship to Applicant |
|   |               |                               |            | Father                    |
|   |               |                               |            | Mother                    |
|   |               |                               |            | Son /Daughter             |
|   |               |                               |            | Son /Daughter             |
|   |               |                               |            | Son /Daughter             |

#### Important notes:

- (i) Incomplete forms will render the application invalid
- (ii) \*To add separate sheet of paper if insufficient.
- (iii) \*\* Please furnish the birth certificate(s) of child(children) if any.

## ANNEX TO APPLICATION FOR A VISIT PASS (FORM 14)

## I. APPLICANT

| (m) Particular of Applicant's All <b>Other</b> Marriages (including customary marriages): (If not applicable, please enter NIL) |                             |                     |                                  |                        |                            |
|---|-----------------------------|---------------------|----------------------------------|------------------------|----------------------------|
| Name of Spouse  | Nationality/<br>Citizenship | Date/Place of Birth | Date of Marriage<br>(DD/MM/YYYY) | Present<br>Whereabouts | Date of<br>Divorce/Decease |
|   |                             |                     |                                  |                        |                            |
|   |                             |                     |                                  |                        |                            |
|   |                             |                     |                                  |                        |                            |
|   |                             |                     |                                  |                        |                            |
|   |                             |                     |                                  |                        |                            |

(n) Particular of Applicant's **Other** children (by all other marriages/illegitimate children/adopted children). \*\* (If not applicable, please enter NIL)

| Name | Date of Birth | Nationality/<br>Citizenship | Occupation | Relationship to Applicant |
|------|---------------|-----------------------------|------------|---------------------------|
|      |               |                             |            | Son / Daughter            |
|      |               |                             |            | Son / Daughter            |
|      |               |                             |            | Son / Daughter            |
|      |               |                             |            | Son / Daughter            |
|      |               |                             |            | Son / Daughter            |

(o) Additional Questions for Applicant

1) Did you provide money or any form of benefit, directly or indirectly to:

(i) your spouse, your spouse's family or a third party in relation to the sponsoring of this application?  
 Yes    No

(ii) your spouse, your spouse's family or a third party for agreeing to enter into this marriage?  
 Yes    No

*(If the answer to any of these questions is yes, please provide a detailed explanation in a separate sheet of paper)*

2) Did you enter into this marriage with your spouse to enable you to obtain long-term stay in Singapore?  
 Yes    No

*(If the answer to this question is yes, please provide a detailed explanation in a separate sheet of paper)*

I declare that all information submitted in this application is true, accurate and complete to the best of my knowledge and belief. I understand that, if I have concealed relevant information or provided false, inaccurate or misleading information, I may be prosecuted and any facilities, rights or privileges granted under this application may be withdrawn.

\_\_\_\_\_  
Name and Signature of Applicant

\_\_\_\_\_  
Date

Important notes:

- (i) Incomplete forms will render the application invalid
- (ii) \*To add separate sheet of paper if insufficient.
- (iii) \*\* Please furnish the birth certificate(s) of child(children) if any.

ANNEX TO APPLICATION FOR A VISIT PASS (FORM 14)

II. SPONSOR

(a) Name/ Sex: \_\_\_\_\_ (b) Date / Place of Birth: \_\_\_\_\_

(c) Nationality/ Citizenship: \_\_\_\_\_ (d) Marital Status: \_\_\_\_\_ (e) NRIC No: \_\_\_\_\_

(f) Highest Academic Qualification Attained: \_\_\_\_\_ (g) Occupation/Monthly Salary(S\$): \_\_\_\_\_

(h) Relationship To Applicant: \_\_\_\_\_ (i) Tel: \_\_\_\_\_ (Office): \_\_\_\_\_ (Residence): \_\_\_\_\_

(j) Particular of Sponsor's All Other Marriages (including customary marriages)\*: (If not applicable, please enter NIL)\*\*

| Name of spouse | Nationality/<br>Citizenship | Date/Place of Birth | Date of Marriage<br>(DD/MM/YYYY) | Present<br>Whereabouts | Date of<br>Divorce/Decease |
|----------------|-----------------------------|---------------------|----------------------------------|------------------------|----------------------------|
|                |                             |                     |                                  |                        |                            |
|                |                             |                     |                                  |                        |                            |
|                |                             |                     |                                  |                        |                            |

(k) Additional Questions for Sponsor

1) Did you or your family receive money or any other form of benefit, directly or indirectly from any person in relation to the sponsoring of this application?

Yes No

*(If the answer to this question is yes, please provide a detailed explanation in a separate sheet of paper)*

I declare that all information submitted in this application is true, accurate and complete to the best of my knowledge and belief. I understand that, if I have concealed relevant information or provided false, inaccurate or misleading information, I may be prosecuted and any facilities, rights or privileges granted under this application may be withdrawn.

\_\_\_\_\_  
Name and Signature of Sponsor

\_\_\_\_\_  
Date

Important notes:

- (i) Incomplete forms will render the application invalid
- (ii) \*To add separate sheet of paper if insufficient.
- (iii) \*\* Please furnish the birth certificate(s) of child(children) if any.