

**APPLICATION FOR LETTER OF CONSENT TO WORK IN SINGAPORE
FOR DEPENDANTS OF IMMIGRATION EXEMPTION ORDER HOLDERS**

Instructions:

Please fill up the form below in BLOCK letters and submit it by email (ICA-IEO_EA@ica.gov.sg)

(Please tick where appropriate)

PARTICULARS OF APPLICANT	
Name:	Foreign Identification Number (FIN):
Nationality/ Citizenship:	Date of Birth (dd/mm/yyyy):
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Highest Level of Educational Qualification:
Date of Expiry of Dependant's Pass (dd/mm/yyyy):	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Post-secondary <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Post-graduate
Main Holder's Foreign Identification Number (FIN):	Others: _____
Contact No.:	Residential Address:
Email Address:	

PARTICULARS OF EMPLOYMENT	
Name of Employing Company:	
Accounting and Corporate Regulatory Authority (ACRA) Registration No:	
Employing Company Address:	
Employing Company Contact No.:	
Description of Industry: <input type="checkbox"/> Manufacturing <input type="checkbox"/> Marine <input type="checkbox"/> Construction <input type="checkbox"/> Commerce <input type="checkbox"/> Finance <input type="checkbox"/> Service Others: _____	Job Title/Designation: _____ Job Description (details to be given): _____ _____ _____
Number of Years of Past Working Experience:	Basic Monthly Salary (S\$) as specified in Employment Contract:

_____	_____	_____
Signature of Employer	Date	Company's Stamp

DECLARATION BY IMMIGRATION EXEMPTION ORDER HOLDER	
I hereby declare that all the particulars furnished by me in this form are true and correct and that my Immigration Exemption Order is valid.	
_____	_____
Signature of Immigration Exemption Order Holder	Date

Note: Incomplete applications will NOT be processed.