## 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 hand or by post to:

Visitor Services Centre, Immigration & Checkpoints Authority, 10 Kallang Road #08-00, Singapore 208718

| (Please tick where appropriate).  |  |
|---|--|
| PARTICULARS OF APPLICANT  |  |
| Name:   | Foreign Identification Number (FIN):   |
| Nationality/ Citizenship:   | Date of Birth (dd/mm/yyyy):  |
| Sex:  M  F  Date of Expiry of Dependant's Pass (dd/mm/yyyy):  | Highest Level of Educational Qualification:  Primary Secondary Post-secondary Diploma Degree Post-graduate |
| Spouse's Foreign Identification<br>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:  |  |
| Boompton of modely.   | Job Title/Designation:   |
| Manufacturing Marine Construction Commence Finance Service  | Job Description (details to be given):   |
| Others:   |  |
| Number of Years of Past<br>Working Experience:  | As specified in Employment Contract Basic Monthly Salary (S\$):  |
| Signature of Employer Company's Stamp   |  |
| DECLARATION BY IMMIGRATION EXEMPTION ORDER  |  |
| 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   | <br>Date   |

Note: Incomplete applications will NOT be processed.