		Name of Sponsor :
Controller of Immigration Address : Singapore		Address :
		Telephone No. :
		Date :
Dear Sir,		Date :
Re:*MALE/FEMALE (Name of Applicant)		
PAS	SPORT NO. :	
*I/We, (name of sponsor),		, holder of Singapore (*PINK/BLUE)
NRIC No : agree to abide by the following conditions for the issue of a *Social Visit Pass/		
	s Pass to the abovementioned person:	
(a)	that he/she shall comply with the provisions of the or any statutory modification or re-enactment the	e Immigration Act and any regulations made thereunder reof for the time being in force in Singapore;
(b)	stay or permanent stay will be sought for in Singa	•
(c) (d)	that he/she shall not be adopted by me or any Singapore citizen or permanent resident in Singapore; that he/she shall not indulge in any activities which are inconsistent with the purpose for which the Social	
(u)	Visit Pass/Student's Pass has been issued;	
(e)	he/she shall not engaged in any form of employment paid or unpaid, or in any business, profession or occupation, or in any activity which, in the opinion of the Controller of Immigration, is detrimental to the security, reputation and well-being of Singapore;	
(f)	that he/she shall not smoke, administer to himself/herself or otherwise consume or be in anyway engaged in the trafficking of any controlled drug as defined in the Misuse of Drugs Act, (1985 Edition), or any written law for the time being in force relating to the control of dangerous or otherwise harmful drugs;	
(g)	that he/she shall not be involved in any criminal offences in Singapore;	
(h)	that he/she shall not remain in Singapore after the expiry of the Social Visit Pass/Student's Pass; that he/she shall surrender the Student's Pass for cancellation within 7 days of the date of cessation or	
(i)	termination of studies, (for applicants of Student's Pass only)	
(j)	-	s the Republic and his/her means and date of departure;
(k)	that I shall be responsible for the cost of his/her repatriation and maintenance pending such repatriation, if necessary;	
(I)		gnant. (To attach a medical certificate indicating the);
(m)	\$ in the form of Banker's Gua	ion & Checkpoints Authority a Security Deposit of rantee/Cashier's Order as a condition for the approval of months and understand that a breach of any urity Deposit being forfeited.
Only for application where Local Sponsor is an individual:		
Signature of Local Sponsor NRIC * (Pink / Blue) No.		
Only for application where Local Sponsor is a School:		
ביווץ וטו מאָאָרוּכמווטון שוופופ בטכמו סאָטווסטו וז מ סטווטטו.		
Name of person acting on behalf of the School Signature		

Official Stamp of School

NRIC No and Designation

^{*} Delete where appropriate # Sponsor's Singapore Identity Card must be produced at every application/submission