FORM 14 IMMIGRATION ACT 1959

Notes:

* Check the box or cross-out selection where appropriate

Affix a recent Passport-size photograph here

APPLICATION FOR VISIT PASS

PART I – PARTICULARS OF APPLICANT																						
Foreign Identification No. (FIN) (leave blank if not applicable) Sex:* Male Female																						
Date of Birth: D D M M Y Y Y Y For Malaysians Only (including old or new Malaysian IC) Identity Card No.:								IC)														
	ngle			1 Iarrie			Sep	arat	ed													
☐ Divorced ☐ Widowed							C	Colour*: Red Blue														
Name:			\top																			
Family Name / Surname Given Name		\dagger	\dagger																			
Alias:																						
(leave blank if not applicable)		\neg	-																			
Family Name / Surname		_	+	+																		=
Given Name																						
Name in Chinese Characte (If applicable)	ers:																					
Country/Place of Birth:																						
State/Province of Birth:																						
Race: (e.g. Malay, Indian, Chinese, Caucasian, etc)																						
Nationality/Citizenship:																						
Religion / Denomination:																						
Type of Travel Document Held:* International Passport Diplomatic Passport Official Passport Service Passport Others (please specify)																						
Travel Document No.:																						
Travel Document Issued Date: D D M M Y Y Y Y Y Expiry Date: D D M M M Y Y Y Y Y																						
Country/Place of Issue:																						
Disembarkation / Embarkation (DE) No.: (as indicated in the e-Pass issued to you upon entry)																						

PART I (continued)							
Address in Singapore	Block/House No.:	Floor No.: Unit No.:	Postal Code:				
Street Name:							
Building Name:							
Contact Number:							
4.11 ' C (/D)	(O: 1/D: 1						
Address in Country/Place	e of Origin/Residence						
Country/Place of Origin Residence:							
Division/State/Province of Origin/Residence:							
Address:							
PART II –OTHER DETA	AILS						
Occupation:							
Occupation:							
Highest Academic/ No Formal Education Primary Secondary Pre-University Professional Qualifications Attained:* Diploma University Post-Graduate							
Purpose of visit*: Social Visit Family Visit Seeking Medical Treatment Details of purpose:							
Period of Visa/Visit Pass/Visa & Visit Pass Applied For*: 30 days or Less							
If your intended stay in Singapore is more than 30 days, please state the reason for your intended length of stay and the duration							
Nationality/Citizenship of Spouse:* Singapore Citizen Others (Please Specify): Singapore Permanent Resident							
		or one year or more during the last 5 ye	-				
Country/Place	Address	From	То				

DADE III. ANDECEDENTE OF ADDITIONALE *								
PART III – ANTECEDENT OF APPLICANT *								
(a) Have you ever been refused entry into or deported from any country/	place, including Singapore?	☐ Yes	□ No					
(b) Have you ever been convicted in a court of law in any country/place, including Singapore?								
(c) Have you ever been prohibited from entering Singapore?								
(d) Have you ever entered Singapore using other travel document with different particulars?								
If any of the answer is "YES", please furnish details below								
PART IV - DECLARATION BY APPLICANT								
I declare that all information submitted in this application is knowledge and belief. I understand that, if I have concealed re or misleading information, I may be prosecuted and any fa- application may be withdrawn.	levant information or pro	vided fals	e, inaccurate					
I undertake not to misuse controlled drugs or to take part in a Singapore which would make me an undesirable or prohibited	· -		· ·					
I undertake to comply with the provisions of the Immigration Act and any regulations made thereunder or any statutory modification or re-enactment thereof for the time being in force in Singapore.								
I undertake not to involve in any criminal offences in Singapore								
I undertake not to indulge in any activities which are inconsistent with the purpose for which the immigration passes have been issued.								
I further undertake not to be engaged in any form of employment, business, or occupation whilst in Singapore without a valid work pass issued under the Employment of Foreign Manpower Act 1990.								
I am aware that overstaying or working illegally in Singapo penalties may include mandatory imprisonment and caning.	ore is a serious offence a	nd on co	onviction, the					
I understand that if the Controller of Immigration is satisfied to undertaking or becomes an undesirable or prohibited immigraphses of the members of my family, and we may be require cancellation.	ant, he will cancel my imr	nigration	pass and the					
I understand that this application for and possession of a vis permission to entry is entirely discretionary at the point of ent		ry into Si	ingapore and					
I give my consent for your department to obtain and verify in appropriate for the assessment of my application for immigrat		ny source	as you deem					
Date	Signature of Applicant	_						

PART V – DECLARATION BY LOCAL SPONSOR	(to complete AND endorse on either Section A or Section B below)						
I/We, (name of sponsor),, holder of Singapore (*PINK/BLUE) NRIC No.: hereby sponsor this application and certify that it is made for the purpose as stated by the applicant.							
I/We declare that the applicant (Name of Applicant) and Travel Document Number							
and Travel Document Number							
is my/our:							
I/We declare that all information submitted in this application is true, accurate and complete to the best of our knowledge and belief. We understand that, if we have concealed relevant information or provided false, inaccurate, or misleading information, we may be prosecuted and any facilities, rights or privileges granted under this application may be withdrawn.							
 I/We agree to abide by the following conditions for the issue of a Visit Pass to the abovementioned person: a) that he/she shall comply with the provisions of the Immigration Act and any regulations made there under or any statutory modification or re-enactment thereof for the time being in force in Singapore; b) that the purpose of stay in Singapore is solely for a social, business, or professional visit; or as a tourist /study only, and no other pass, extension of stay or permanent stay will be sought for in Singapore; c) that he/she shall not be adopted by me or any Singapore citizen or permanent resident in Singapore; d) that he/she shall not indulge in any activities which are inconsistent with the purpose for which the Visit 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, 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 Visit Pass; i) that I/we shall be responsible for the cost of his/her repatriation and maintenance pending such repatriation, if necessary; j) *I/We declare that she *is/is not pregnant. (To attach a medical certificate indicating the expected date of delivery if applicant is pregnant); k) *I/We further agree to furnish the Immigration & Checkpoints Authority a Security Deposit, if applicable, in the form of Banker's Guarantee/Cashier's Order as a condition							
SECTION A – FOR INDIVIDUAL SPONSOR							
Name:	Residential Address:						
Contact Number:	Email Address:						
	NRIC (*Pink / Blue) No.:						
Signature of Individual Sponsor and Date SECTION B – FOR COMPANY SPONSOR							
Name of Company:	Address of Company:						
Name of Company:	Address of Company:						
Contact Number:	Email Address:						
Name of Sponsor, NRIC and Designation/Capacity:							
	Official Stamp of Company/Firm						
Signature of person acting on behalf of the Company/Firm and Date	Опісаї Зіашр ві Сошрану/ги ш						
- ¥							