



Employment Pass (Sponsorship) Renewal Form

Important: Please open and complete this form using **Adobe Acrobat Reader DC**, as it may not appear correctly with other PDF readers.

You can apply to renew the pass up to **3 months** before it expires.

This form may take **20 minutes** to fill in.

For fields with *, please tick (✓) where appropriate.

Complete the following steps:

Step 1: Please complete this form to renew the candidate's pass. Do not leave any blank spaces / boxes. Enter 'Not applicable' or 'N.A' where necessary.

Step 2: Submit the completed form and supporting documents for the candidate at go.gov.sg/renew-ep-sponsorship.

It takes around 8 weeks to process the renewal application. For other enquiries, please visit us at go.gov.sg/mom-efeedback.

PART 3 – DETAILS OF SPONSOR COMPANY

Name of local sponsor company (as shown on current work pass)

Unique Entity Number (UEN) of local sponsor company

Company's phone number

Paid-up capital (S\$)

Nature of business

Company's turnover for the past 3 years

Value of turnover of the company in the past 3 years *(Please start with the most recent year)*

Year	Value (S\$)	Is the turnover figure from an audited account? *	
		<i>(For unaudited accounts or if employing company is exempted from audit, please select 'No'.)</i>	
		Yes	No
		Yes	No
		Yes	No

3A: Correspondence address

Block/House number

Street name

Unit number

Building name

Postal code

3B: Address where candidate's duties are to be performed

Block/House number

Street name

Unit number

Building name

Postal code

Will the candidate be deployed to work for another employer? *

Yes

No

Is the premise (at the abovementioned address) a food establishment? *

Note: All food establishment requires a Singapore Food Agency (SFA) license submitted.

Yes

No

Singapore Food Agency Licence Type*: *(For Food Establishment only)*

Foodstall (e.g. hawker stall)

Cold drink shop (e.g. pub)

Foodshop (e.g. restaurant)

Vetting Agency/Professional Body/Accreditation Agency Support

Has this application obtained support from the relevant vetting Agency(s)/Professional Body(s)/Accreditation Agency(s)?*

Yes No

If 'Yes', please select from the followings.
 (Please select one or more Vetting Agencies if the candidate has obtained support from any of the Vetting Agencies listed. Please note that the candidate must produce documentary proof of support from the agencies concerned together with this application.)

- | | | |
|------------------|-------------------------------------|--|
| Vetting Agency*: | Allied Health Professions Council | Enterprise Singapore (Representative Office) |
| | Legal Services Regulatory Authority | Singapore Dental Council |
| | Singapore Medical Council | Singapore Nursing Board |
| | Singapore Pharmacy Council | Sport Singapore |
| | TCM Practitioners Board | Unit for Prehospital Emergency Care |

PART 4 – OVERSEAS EMPLOYER DETAILS

Country/Region of registration

Overseas registration number

Registered name of company (as shown on the business registration certificate)

Overseas correspondence address

Overseas phone number

Company's overseas email address

PART 5 – DECLARATION BY CANDIDATE

Have you ever:

(a) Been refused entry into or deported from any country?

(b) Been convicted in a court of law in any country?

(c) Been prohibited from entering Singapore?

If the answer to any of the above questions is 'Yes', please provide the details.

I confirm that the information as set out in this renewal application for Employment Pass is to the best of my knowledge, true and correct. All documents submitted in support of this renewal application for Employment Pass are true copies of the originals. I understand that I may be prosecuted if I have provided any information, which is false in any material particular or is misleading by reason of the omission of any material particular.

I declare that I have not suffered and am not suffering from Acquired Immunodeficiency Syndrome (AIDS) or infected with Human Immunodeficiency Virus (HIV) or Tuberculosis. I acknowledge that during the period of validity of my Employment Pass, if I am found to be suffering from AIDS or infected with HIV or Tuberculosis, the Employment Pass issued to me will be cancelled and I will have to leave Singapore by the date specified by the Controller of Immigration.

I have read and understood the Conditions of Employment Pass, as specified in the Employment of Foreign Manpower (Work Passes) Regulations, which are available on the Ministry of Manpower's website. I shall ensure that these conditions will be complied with.

I hereby give my consent for the Comptroller of Income Tax to verify my income stated in my current and renewal applications, based on my assessment record for the current Year of Assessment, for the Controller of Work Passes. In the event my assessment record for the current Year of Assessment is not available or finalised at the point of verification, I understand the Comptroller of Income Tax will verify my income against my assessment record for the two previous Years of Assessment. I also hereby give my consent for the Comptroller of Income Tax to thereafter communicate the results of the verification to the Controller of Work Passes.

I consent for the Government of Singapore and its statutory authorities to display my information on the Ministry of Manpower's work pass systems, and to disclose such information to any relevant person or organisation for the administration of matters relating to work pass and passes for dependants.

I consent to the Ministry of Manpower displaying my pass details when my card is scanned using the Ministry of Manpower's work passes mobile application.

I understand that a Singpass account will help me to access Government e-services in Singapore and I give my consent to the Ministry of Manpower to share my personal details with the Singpass issuing agency. This allows me to apply for a Singpass account at a later time if I am eligible for a Singpass.

Candidate's name (as on travel document)

Signature

Date (DD/MM/YYYY)

PART 6 – DECLARATION AND UNDERTAKING BY LOCAL SPONSOR

I hereby sponsor this application and certify that it is made for the purpose as stated by the candidate. The statements made by the candidate in this application are to the best of our knowledge true. I undertake to indemnify the Singapore Government for any charges or expenses which may be incurred by the Government in respect of the repatriation of the said candidate.

I shall keep copies of the documents/certificates showing the relationship of the candidate for as long as the candidate is in my employment. I understand the Ministry of Manpower can at any time request for these documents for verification and revoke the pass should the documents be inconsistent with the declaration furnished in the application form or if I am unable to produce the documents.

I consent to the Ministry of Manpower displaying pass details when the pass holder's card is scanned using the Ministry of Manpower's work pass mobile application.

I also undertake to:

- (i) be responsible for the stay, maintenance and repatriation of the candidate;
- (ii) indemnify the Singapore Government for any charges or expenses which may be incurred by the Government in respect of the repatriation of the said candidate or any of his/her dependants; and
- (iii) be responsible for ensuring the compliance by the candidate of any quarantine and medical surveillance imposed on the candidate under regulation 8 (2A) of the Immigration Regulations

I understand that the Employment Pass is subject to the following conditions upon approval.

- (i) The candidate is not to engage in any employment other than that specified in the application. Should there be a change in his/her duties or designation, the local sponsor is required to write in to Work Pass Division, Ministry of Manpower. If there is a change in local sponsor, the candidate must apply for a new work pass in order to work in Singapore; and
- (ii) The local sponsor must cancel the candidate's Employment Pass within 7 days upon termination of employment.

Local sponsor's name and designation	Signature
	Date (DD/MM/YYYY)