



## Letter of Consent (Common-Law Spouse) Application Form

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

**Use this form only for an applicant who has been issued with a Long-Term Visit Pass (LTVP) by the Ministry of Manpower.**

This form may take 20 minutes to fill in.

**Complete the following steps:**

**Step 1:** Print out and fill in this application form. You will need the information on the:

- Applicant's
  - Foreign Identification Number
  - Education
- Employing company's
  - Name and address
  - Unique Entity Number (UEN)
  - Registration No. (ACRA), if applicable

**Step 2:** Submit the completed form and supporting documents (as listed in page 8 of this form) at [go.gov.sg/mom-submit-loc-cls](https://go.gov.sg/mom-submit-loc-cls)

It takes around 8 weeks to process the application.

**Instruction**

1. For \*, please tick (✓) where appropriate.
2. Indicate 'Not applicable' or 'N.A' where necessary. Do not leave any fields blank.

**PART 1 – EMPLOYING COMPANY DETAILS****1A: Employing company general information**

Name of employing company/society/organisation:

Unique Entity Number (UEN) #:

Company's email:

Company's phone number:

Mobile number:

#UEN can be found at this website: <https://www.uen.gov.sg/>**1B: Financial and other information**

Paid-up capital (S\$):

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?*
		(For unaudited accounts or if employing company is exempted from audit, please select 'No'.)
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**PART 2 – APPLICATION INFORMATION****Notification email address** (You must provide this for us to notify you of the application outcome or if we need more documents)**2A: Existing pass details**

If the LTVP is valid for less than 3 months, please proceed to renew it before submitting this application.

Foreign Identification Number (FIN)

**2B: Pass duration**

If this application is approved, the period granted may be shorter than what you have indicated.

Duration applying for (up to 60 months)

months

**2C: Employment details**Is your business entity an Employment Agency/Headhunter firm or does it supply labour<sup>#</sup> to other business entities in the course of conducting its business?\*☐ Yes☐ No

If Yes, will the foreign employee be sent to work for your client, so as to supplement your client's manpower resources?\*

☐ Yes (Please fill in the details below)☐ No

Client company's UEN:

Name of client company:

<sup>#</sup>To 'supply labour' means to provide manpower to another business entity to perform work for that other business entity, so as to supplement that other business entity's manpower resources to perform its work. It does not include situations where your business entity has sent its employees to another business entity to perform work for your business entity, and not supplement that other entity's manpower resources. An example would be an auditing company sending its auditor to a client premises to audit the client.

**2D: Employment agency recruitment**

Is the applicant recruited through an Employment Agency?\*

☐ Yes☐ No

Employment agency licence number

**PART 3 – APPLICANT'S PERSONAL INFORMATION**

Name (as on travel document, excluding salutations for example Mr, Miss, Professor, Doctor)

Alias (only if it appears on the travel document)

Sex\*

☐ Female☐ Male

Date of birth (DD/MM/YYYY)

Nationality/Citizenship

**PART 4 – APPLICANT'S EMPLOYMENT DETAILS****4A: Highest qualification attained\***

- ☐ Degree or equivalent education  
☐ Diploma or equivalent education  
☐ No formal education / Primary education / Junior school education  
☐ Post-graduate or equivalent education  
☐ Post-secondary / High school education  
☐ Secondary education / Senior school education

**4B: Applicant's working experience**

Total period of working experience		Total period of relevant working experience Relevant to the occupation declared in Part 4D.	
Years:	Months:	Years:	Months:

**4C: Salary Details**

Please note that the fixed monthly salary includes only basic monthly salary and fixed monthly allowances. It is important that you read and understand the definition of [fixed monthly salary](#).

Salary payable by*:	<input type="checkbox"/> Both local and overseas (Partially paid by both Local and Overseas Employer)
	<input type="checkbox"/> Local (Paid by a Singapore-registered employer / paid by an overseas employer, which is then charged fully to a Singapore-registered employer)
	<input type="checkbox"/> Overseas (Employer is not registered in Singapore / is a representative office registered with Enterprise Singapore)

Fixed monthly salary = Basic monthly salary + Fixed monthly allowances  
 For example: S\$5,000 = \$4,500 + \$500

As specified in employment contract:

Fixed monthly salary: S\$ .00

Basic monthly salary: S\$ .00

① Ministry of Manpower (MOM) will use the fixed monthly salary to assess the application. If the amount indicated as fixed monthly salary is more than the basic monthly salary, MOM will take the difference as the 'fixed monthly allowances'. If there are no fixed monthly allowances, the amount of fixed monthly salary should be exactly the same as the basic monthly salary.

**4D: Address and duties to be performed**

Occupation:

① Before you fill in the "Occupation" field, refer to the [List of Standard Occupation](#). If the occupation you indicate cannot be found in the list, a close match will be assigned by Work Pass Division. For any subsequent amendments to this assigned occupation, you will have to withdraw the existing application and submit a new application. The prevailing administration fee will be charged upon submission.

Address where applicant's duties are to be performed			
Block/House number:	Floor number:	Unit number:	Building name:
Street name:			Postal code:
Singapore Food Agency licence type*: (For Food Establishment only)			
<input type="checkbox"/> Foodstall (example, hawker stall)	<input type="checkbox"/> Cold drink shop (example, pub)	<input type="checkbox"/> Foodshop (example, restaurant)	

**4E: 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 following.**

*Please select one or more Vetting Agencies if the applicant has obtained support from any of the Vetting Agencies listed. Please note that the applicant must produce documentary proof of support from the agencies concerned together with this application.*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Allied Health Professions Council   | <input type="checkbox"/> Enterprise Singapore<br>(Representative Office) | <input type="checkbox"/> Legal Services Regulatory Authority |
| <input type="checkbox"/> Singapore Dental Council            | <input type="checkbox"/> Singapore Medical Council                       | <input type="checkbox"/> Singapore Nursing Board             |
| <input type="checkbox"/> Singapore Pharmacy Council          | <input type="checkbox"/> Sport Singapore                                 | <input type="checkbox"/> TCM Practitioners Board             |
| <input type="checkbox"/> Unit for Prehospital Emergency Care |  |  |

**PART 5 – OTHER INFORMATION**

**Has the applicant ever:** *(please tick accordingly)*

(a) Been refused entry into or deported from any country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Been convicted in a court of law in any country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Been prohibited from entering Singapore?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Entered Singapore using a passport issued by a different country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Entered Singapore using a passport showing another name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Been a Singapore Citizen or Singapore Permanent Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

## PART 6 – DECLARATION BY APPLICANT

I confirm that the information as set out in Parts 3, 4A, 4B and 5 is true and correct.

I consent, for the purpose of assessing this application for a Letter of Consent and the administration of work pass matters,

- for the Government of Singapore and statutory authorities thereof to obtain from and verify information with any person, organisation or any other source and further,
- to the release of all information thereby obtained to the Government of Singapore, statutory authorities and their agents thereof.

I hereby give my consent for the Comptroller of Income Tax to verify my income stated in my current and previous applications, based on my assessment record for the current Year of Assessment, with 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 declare that the information in this application for a Letter of Consent, any appeals and documents submitted are, to the best of my knowledge, true and correct; and that all documents submitted in support for this application, and any appeals, are true copies of the originals. I further confirm that all other information in my previous application(s) remains true and correct. 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.

**Applicant's signature**

**Date**

## PART 7 – DECLARATION BY EMPLOYER/LOCAL SPONSOR

We hereby sponsor this application and certify that it is made for the purpose as stated by the applicant. We confirm that the information provided in Parts 1, 2 and 4 is true and correct. We have obtained written consent from the applicant to apply for a Letter of Consent for him/her. We will produce this consent when requested by the authority. The statements made by the applicant in this application are to the best of our knowledge true.

I declare that I have read and understood the conditions and regulatory conditions of Letter of Consent in the Employment of Foreign Manpower (Work Passes) Regulations available at Ministry of Manpower (MOM) counters or on our MOM website and I further declare that I am authorised to bind the employer/sponsor of the foreign employee to the following:

- The employer/sponsor has ensured that the foreign employee fully understands the contents of Part 6 and that it was signed by the foreign employee.

I consent, for the purpose of assessing this application for a Letter of Consent and the administration of work pass matters,

- for the Government of Singapore and statutory authorities thereof to obtain from and verify information with any person, organisation or any other source and further,

Letter of Consent (Common-Law Spouse) Application Form

- to the release of all information thereby obtained to the Government of Singapore, statutory authorities and their agents thereof.

I declare that the information in this application for a Letter of Consent, any appeals and documents submitted are, to the best of my knowledge, true and correct; and that all documents submitted in support for this application, and any appeals, 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 further understand that any false statements made by my company or myself in relation to this application, and any appeals may adversely affect the future work pass applications of my company.

I declare that should this application be approved, I will make an application to Ministry of Manpower to allow the applicant to enter Singapore subject to prevailing entry requirements at the point of entry into Singapore.

<b>Name of Employer/Local Sponsor<sup>#</sup></b>	<b>Signature of Employer/Local Sponsor</b>
<b>Designation</b>	
<b>NRIC number / FIN</b>	<b>Date (DD/MM/YYYY)</b>

<sup>#</sup>Authorised Human Resource personnel or any person holding at least a managerial position in the sponsoring company

**Prepare the documents in soft copy and submit them to complete your application**

Submit the following documents at [go.gov.sg/mom-submit-loc-cls](https://go.gov.sg/mom-submit-loc-cls).

*Non-English documents must be accompanied by an English translation. The translation can be done by a translation service provider.*

Please tick ✓	Document	Submit as	File size limit																				
<input type="checkbox"/>	Original completed and signed application form	1 PDF file	7 MB																				
<input type="checkbox"/>	Travel document page showing applicant's personal particulars	1 PDF or JPG file	1 MB																				
<input type="checkbox"/>	[For food establishment only] Licence issued by the Singapore Food Agency (SFA)	1 PDF file	2 MB																				
<input type="checkbox"/>	Support letter from Enterprise Singapore (For an application submitted by Representative's Office).	1 PDF file	3 MB																				
<input type="checkbox"/>	<div>Registration or support letters from the respective agencies if the foreign employee is going to take on any of these occupations:</div> <table><tr><th>Occupation</th><th>Vetting agency/ Professional body/ Accreditation agency</th></tr><tr><td>Dentist</td><td>Singapore Dental Council</td></tr><tr><td>Doctor</td><td>Singapore Medical Council</td></tr><tr><td>Emergency Medical Technician, Paramedic</td><td>Unit for Prehospital Emergency Care</td></tr><tr><td>Lawyer</td><td>Legal Services Regulatory Authority</td></tr><tr><td>Diagnostic radiographer, Occupational therapist, Physiotherapist, Radiation therapist, Speech therapist</td><td>Allied Health Professionals Council</td></tr><tr><td>Nurse</td><td>Singapore Nursing Board</td></tr><tr><td>Pharmacist</td><td>Singapore Pharmacy Council</td></tr><tr><td>TCM practitioner</td><td>Traditional Chinese Medicine Practitioners Board</td></tr><tr><td>Football player, Coach</td><td>Sport Singapore</td></tr></table>	Occupation	Vetting agency/ Professional body/ Accreditation agency	Dentist	Singapore Dental Council	Doctor	Singapore Medical Council	Emergency Medical Technician, Paramedic	Unit for Prehospital Emergency Care	Lawyer	Legal Services Regulatory Authority	Diagnostic radiographer, Occupational therapist, Physiotherapist, Radiation therapist, Speech therapist	Allied Health Professionals Council	Nurse	Singapore Nursing Board	Pharmacist	Singapore Pharmacy Council	TCM practitioner	Traditional Chinese Medicine Practitioners Board	Football player, Coach	Sport Singapore	1 PDF file	3 MB
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**Note:**

- Besides the supporting documents listed above, we may ask for other documents when we review your application.
- Any person who **falsely declares salary, academic qualifications, or submits forged documents** in the work pass application shall be guilty of an offence under the Employment of Foreign Manpower Act (Cap.91A).