

**Work Pass Division**

18 Havelock Road  
Singapore 059764  
www.mom.gov.sg



**Request Form for Services Related to Employment Pass/S Pass Issuance**

This form may take you 5 minutes to fill in. You will need the following information to fill in the form:

- The pass holder's Foreign Identification Number (FIN) and Date of Application (DOA)
- The company's UEN submission number.

- Please complete this form and submit it using:
  - iSubmit (<http://www.mom.gov.sg/iSubmit>)  
(Select option 7: Issuance & Renewal Matters)
  - Email to [mom\\_wpd@mom.gov.sg](mailto:mom_wpd@mom.gov.sg).
- We aim to contact you within 3-5 working days after receiving the completed form. MOM will not be able to process incomplete or altered forms.

**Part 1 Pass Holder's Particulars**

To provide another person's particulars, please include the details behind this form.

Type of pass (tick one):

- Employment Pass       EntrePass       Personalised Employment Pass       Work Holiday Pass
- Training Employment Pass       Dependant's Pass, Long Term Visit Pass tied to above pass
- S Pass       Dependant's Pass, Long Term Visit Pass tied to S Pass

Name: \_\_\_\_\_

FIN: \_\_\_\_\_ Date of application: \_\_\_\_\_

**Part 2 About your Request (Please ✓ the appropriate box)**

Requests for extension will only be assessed if accompanied by supporting documents such as pass holder's travel itinerary, doctor's medical memo.

- \* **Extend pass holder's card registration period to:** ..... dd/mm/yyyy
- Request for letter to facilitate re-entry into Singapore** (for pass holders who have lost their cards overseas)

\* The extended date must be within 1 month from the issuance date.  
You must book or change your appointment(s) using Appointment@MOM (<http://appointment.mom.gov.sg>) after your request is approved.

**Part 3 Explain your reason for this request**

\_\_\_\_\_

**Part 4 Your Declaration**

Your name : \_\_\_\_\_

Your company:  Employer  Employment agency  Third party company      Unique Entity No.: \_\_\_\_\_

Company name: \_\_\_\_\_

Office number: \_\_\_\_\_ Mobile number: \_\_\_\_\_ Fax number: \_\_\_\_\_

**I declare that all the information given in this request form is true and correct.**

\_\_\_\_\_  
Your Signature and Date

\_\_\_\_\_  
Company's Stamp (if applicable)