

EMPLOYER'S REQUEST FOR WP ONLINE SERVICES THROUGH FILMO
(Malaysians Only) New | Renewals | Cancellation | Industrial Class.

1. Employer's fax number Employer landline number	
2. Name of Company	
3. Name of contact person.....	
4. Mobile Phone number of contact person	
5. Company's UEN / CPF account number is	
6. Worker's name as in passport.....	
7. Worker's passport number (pls fax a copy)	
8. Worker's passport expiry date.....	
9.a Malaysian new I.C. number (scan copy-front/back).....	
9. b Malaysian old I.C. number (at the back of I.C.).....	
10. Worker is from which State or Province	
11. Colour of Malaysian I.C. (blue = citizen or pink = Malaysian PR)	
12. Marital status 13a.Race..... 13b.Sex..... 13c.Religion of worker.....	
14. Date & place of birth of worker	
15. Work Permit number or FIN# of worker if known	
16. For renewals provide renewal ref no. here	
17. Is worker married to Singaporean or SPR	
1 7a Spouse's name in full as in passport	
1 7b Spouse's Singapore NRIC if applicable	
1 7c Spouse's Passport number & expiry.....	
1 7d Date & place of Marriage	
Please fax or scan copy of marriage cert	
18. Job title of worker	19. Monthly Basic Salary of worker
1 9a + Fixed Monthly Housing Allowance?	1 9b + Fixed Monthly Food Allowance?
19c Deduct Monthly Housing Allowance?	19d Deduct Monthly Food Allowance?
Please provide a copy of Letter of Offer of Employment Letter signed by employer & worker	
20. Highest Educational attainment e.g. SPM, STPM, O, A. State number of credit passes for O & A levels (fax copy SPM STPM "O" "A" Cert Diploma, or Degree)	
21. Immigrations IMM27 White Card number	
Arrival date as stamped in passport	
Number of days allowed to stay in Singapore (required for E Issuance).....	
Scan copy of front/back white card IMM27)..	
22. Worker's residential address in Singapore (required for MOM submission):	
23. Workmen's Injury Compensation Insurance: Insurance Company:	
Policy Number:	
Policy Commencement date:	Policy expiry date:
24. Medical Insurance. Name of Insurance Company:	
Policy Number:	
Policy Commencement date:	Policy expiry date:
25. Employer's Email Address:	

From: Employer as named above To: Filmo Communications Pte Ltd. EA Lic 97C281 1
[email: filmo@filmo.com](mailto:filmo@filmo.com) 1 Sophia Rd #01-44 Peace Centre Singapore 228149 tel 63333089

Please render us the above services at these fees: New WP application services S\$300 including MOM application charge, E-issuance fee & appeal where applicable or necessary. WP renewal & E-ssuance S\$300. Only WP cancellation \$50. Employer agrees to pay for the worker's Medical Exam if required @ S\$98.

Employer agrees to obtain & bear the cost of Work Injury Compensation Insurance (WICI) & Medical Insurance (MI) & provide the relevant info to E.A. to update data with MOM for E-issuance of Work Pass.

Employer hereby give permission to Agent to check Company's WP Dependency ratio. Employer will give [Authorisation to Agency to apply](#) or [Authorisation to cancel](#) WP in the MOM prescribed Form where such transactions are requested and to apply for Industrial Classification with MOM for 1st timer Companies @\$10 which take 1- 2 days and to pay S\$8 to get copy of ACRA Business Profile (if required). For fingerprinting & digital photo worker have to go to MOM Work Permit Service Centre in person.

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 Name of Authorised Signatory Date & Signature Company's Stamp of Employer