



### FORM 3: DECLARATION OF FOREIGN EMPLOYEES' RESIDENTIAL ADDRESS(ES)

#### Instructions:

Employer must complete this form and declare the intended residential address(es) of their foreign employees to the Controller of Work Passes (“**Controller**”) if their foreign employees: (i) have obtained entry approval from MOM to enter Singapore after 19 December 2020; AND (ii) are required to serve the 21-day Stay Home Notice upon arrival in Singapore.

Employers must also inform the Controller by completing this form if there are any subsequent changes to the foreign employees' residential address(es). **Employers or foreign employees must still update the foreign employees' residential addresses in EPOL and OFWAS in addition to filling in this form.**

For feedback and enquiries, please contact us at [www.mom.gov.sg/efeedback](http://www.mom.gov.sg/efeedback).

**1. Date of Foreign Employee's Arrival in Singapore**

**2. Name of Employer (Company)**

**3. UEN of Employer (Company)**

**4. Full Name of the Employer's Authorised Representative**

**5. Mobile Number of the Employer's Authorised Representative**

**6. Type of residence your foreign employee intends to reside at (circle to indicate)**

- a. Dormitory / Vessel Listed as TLQ
- b. Private Residential Premises
- c. Others / Harbourcrafts

**[If a. Dormitory] Details of Foreign Employees' Dormitory**

[Full Address E.g. 500 SUNGEI TENGAH LODGE OLD CHOA CHU KANG ROAD #09-111, Singapore 698924]

[If the vessel is listed as an approved TLQ, please state Full Vessel Name and Full Vessel number under 'Dormitory Address' and input 000000 under 'Postal Code']

Full Name of Foreign Employee:

FIN of Foreign Employee:

Name of Dormitory:

Full Address of Dormitory:

Postal Code:

**[If b. Private Residential Premises] Details of Foreign Employees' Private Residential Premises or [If c. Others] Details of Foreign Employees' Residence (HDB/Others)**

[Full Address E.g. 66 Moonstone Lane #01-00 Singapore 328498]

[For Harbourcrafts, please state Full Vessel name and Full Vessel number under 'Full Address'. Postal code to be input as 000000]

Full Name of Foreign Employee:

FIN of Foreign Employee:

Name of Private Residential Premises (if any)

Full Address of Private Residential Premises

Postal Code :

**Declaration to Controller of Work Passes, Ministry of Manpower:**

- 7. By signing on this form, I declare that the information provided above is true and accurate at the point of submitting this form to MOM. I will inform MOM promptly of any changes in the residential address(es) of my foreign employees using this form. I will also update OFWAS and/or EPOL after the submission of this form.**

**I understand that MOM/Government of Singapore will take enforcement action against me if I do not comply with the requirements in this form or if I give false or inaccurate information. Such action may include prosecution, revocation of passes or withdrawal of work pass privileges.**

\_\_\_\_\_  
Full Name of the Employer's Authorised Representative

\_\_\_\_\_  
Signature

Date: