

LONG TERM PASS APPLICATION FORM

SECTION 1 : PASS APPLICATION INFORMATION

New Application Replacement Renewal
 Type of Identity : NRIC Working Permit SP Card EP Card Others ____
 NRIC / FIN : _____ Name : _____
 Date of Birth : _____ Age : _____ Designation : _____
 Nationality : _____ Gender : Male Female

SECTION 2 : EMPLOYMENT DETAILS FOR FOREIGNERS

Type of Govt Pass : Working Permit SP Card EP Card Others ____
 Govt Pass Expiry Date : _____ Govt Pass / S Pass No : _____
 Passport Expiry Date : _____

SECTION 3 : CONTACT DETAILS

Contact No. : _____ HP No. : _____ E-Mail Address : _____
 Home Address : _____ Postal Code : _____

SECTION 4 : EMPLOYER DETAILS

Employer Name : _____
 Employer Address : _____
 Fax No. : _____ Tel No. : _____
 Contact Person : _____ Contact Person No. : _____
 Contact Person Designation : _____ Contact Person E-Mail Address : _____
 Tick Yes if Sponsor is same as Employer : Yes No (Please fill up Section 5)
 Nature of Job : _____

SECTION 5 : SPONSORED COMPANY DETAILS

Company Name : _____ Business Activity : _____
 Employer Address : _____
 Fax No. : _____ Tel No. : _____
 Contact Person : _____ Contact Person No. : _____
 Contact Person Designation : _____ Contact Person E-Mail Address : _____

SECTION 6 : DECLARATION

- I consent to the collection of personal information in this form for the sole purpose of verifying the identity of the card holder and I understand that Jurong Port Pte Ltd shall not use such personal information for any unauthorized purposes.
- I declared that the information with this application and any attachments is true and correct. Any false information will denied me from OMC entry and OMC management can initiate legal action against me.

Name & Signature of Applicant

Company & Stamp

Date

SECTION 7 : FOR OMC SECURITY DEPARTMENT USE ONLY

Completion of SSIC Appointment Letter Submitted
 CORE Briefing (for Supervisor and above) Valid Documents and Certificates Submitted
 JSA Briefing (for Supervisor and above)

Port Entry Access Area COB Common Roads Operational Area

Processes & Issued By: _____ Date / Time: _____

OMC Pass No: _____

Payment Ref No: (for card replacement only) _____

FOR ACKNOWLEDGEMENT

FOR ACKNOWLEDGEMENT BY SPONSOR REPRESENTATIVE

Received By:

Received By:

NAME / DESIGNATION

Date / Time

NAME / DESIGNATION

Date / Time