



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 Representative Signature & 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