FORM 14A IMMIGRATION ACT 1959 [SECTION – 55(1)]

Notes:

* Check the box where appropriate

Affix a recent Passport-size photograph here

APPLICATION FOR ENTRY VISA

PART I – PARTICULARS OF APPLICANT																									
TAKTI-TAKTICULAR	15 0	r AI	1 1/1	CAI	. 1 1																				
Name: (Full name as shown in																									
travel document)																									
Alias:																									
Date of Birth:															<u> </u>					!					
Date of Birth: D D M M Y Y Y Y Y Sex:* Male Female																									
Marital Status:* Single Married Separated Divorced Widowed Cohabited Customary																									
Nationality/Citizenship																									
of Spouse:* Singapore Citizen NRIC No.																									
Singapore Permanent Resident NRIC No.																									
Others (Please Specify):																									
					Ι		_										1		_	_	_			1	
Country/Place of Birth:																									
State/Province of Birth:																									
Race: (e.g. Malay, Indian, Chinese, Caucasian, etc)																									
Nationality/Citizenship:																									
											•														
Type of Travel Document Held:* International Passport Service Passport Official Passport Certificate of Identity Others (please specify)																									
Travel Document No.:																									
Travel Document Issued Date:	D	D	[M	<u> </u>		Y	Y	Y	Y		Ex	piry	Dat	te:	D	D	_	M	M	-[Y	Y	Y	Y
Country/Place of Issue:																									
For Chinese Nationals Only	<i>v</i>																								
PRC ID Number																									

Address in Country/Place of Origin/Residence														
Country/Place of Origin/ Residence:														
Division/State/Province of Origin/Residence:														
Prefecture of Origin/ Residence:														
County/District of Origin/ Residence:														
Address:														
PART II – OTHER DETAILS														
Email Address:														
Contact Number:														
Occupation:														
Highest Academic/ No Formal Education Primary Secondary Pre-University Professional Qualifications Attained:* Diploma University Post-Graduate														
Annual Income in Singapore dollars (SGD):														
Religion:														
Expected Date of Arrival in Singapore: D D M M Y Y Y Y														
Type of Visa:* Single Journey Double Journey Triple Journey Multiple Journey														
Purpose of visit:*														
Details of purpose:														
How long do you intend to stay in Singapore:* Less than 30 days More than 30 days														
If your intended stay in Singapore is more than 30 days, please state the reason for your intended length of stay and the duration														

Address in Singapore															
Where will you be staying in Singapore?:*															
□ Next of Kin's Place □ Relative's Place □ Friend's Place □ Hotel □ Others (Please specify):															
Block/House No.:	Floor No.: Unit No.: Postal Code:														
Street Name:		ontact No:													
	Nomes														
Building Name:															
Did you reside in other countries/places, other than your country/place of origin, for one year or more during the last 5 years ?*															
☐ Yes ☐ No															
If yes, please furnish deta															
Country/Place	Address	From To													
Details of Travelling Com	panion 12 years old or less at the point of application. Details are not required if appli	icant is accompanied by an													
airline representative.)	12 years out or tess at the point of application. Details are not required if appli	cant is accompanied by an													
Relationship of															
Travelling Companion															
To Applicant:															
Name:															
Date of Birth:	Sex:*														
	D D M M Y Y Y Y	ale													
Nationality/Citizenship:															
Travel Document															
Number:															

PART III – PARTICULARS OF LOCAL CONTACT Details of Local Contact or Company/Hotel in Singapore																									
Name of Local Contact /Company/Hotel:																									
Relationship of Local Contact/Company/ Hotel to Applicant:																									
Contact No.: Email Address:																									
PART IV – ANTECEDENT OF APPLICANT*																									
(a) Have you ever been refused entry into or deported from any country/place, including Singapore? ☐ Yes ☐ No (b) Have you ever been convicted in a court of law in any country/place, including Singapore? ☐ Yes ☐ No (c) Have you ever been prohibited from entering Singapore? ☐ Yes ☐ No (d) Have you ever entered Singapore using a different passport or name? ☐ Yes ☐ No																									
If any of the answer is "YES", please furnish details below																									
PART V - DECLARATIO	N B	BY A	PPI	LIC	ANT																				
I declare that all information submitted in this application is true, accurate and complete to the best of my knowledge and belief. I understand that, if I have concealed relevant information or provided false, inaccurate or misleading information, I may be prosecuted and any facilities, rights or privileges granted under this application may be withdrawn.																									
I undertake not to misus make me an undesirable															ctivi	ties	duri	ng n	ıy sta	ay in	Sing	gapoi	re w	hich	would
I undertake to comply modification or re-enactn													an	d an	y re	gula	tion	s ma	ide t	here	unde	er or	any	sta	tutory
I undertake not to involve	e in a	ny c	crimi	nal o	offenc	es ir	ı Sir	ıgap	ore.																
I undertake not to indulg	e in a	any a	activ	ities	whicl	are	e inc	onsi	sten	t wit	h the	pur	pos	e for	whic	h th	e im	migr	atior	n pas	ses h	ave l	oeen	issue	d
I further undertake not t issued under the Employe										nt, b	usin	ess o	or oc	cupa	tion	whi	lst i	n Sin	gapo	re w	itho	ıt a v	valid	wor	k pass
I am aware that overstay imprisonment and caning		or wo	orkin	ıg ill	egally	in S	Sing	apo	re is	a sei	ious	offe	nce	and (on co	nvi	etion	, the	pena	alties	may	incl	ude	man	latory
I understand that if the C undesirable or prohibited required to leave Singapo	d im	migr	rant,	he v	vill ca	nce	l my	im	migr	atio															
I understand that this ap discretionary at the point				and	posse	ssio	n of	a vis	sa do	es n	ot gu	araı	itee	entr	y int	o Si	ıgap	ore a	nd p	erm	issio	1 to 6	entry	is e	ntirely
I give my consent for you assessment of my applica								ver	ify i	nfor	mati	on f	rom	or	with	any	sou	rce :	as yo	ou de	eem	appr	opri	ate f	or the
 Date		_									_	Sign	atuı	re of	App	licar	ıt			_					