CENTRAL PROVIDENT FUND BOARD



Foreign Worker Levy 79 Robinson Road, CPF Building Singapore 068897

Website: http://www.cpf.gov.sg Email: FWL@cpf.gov.sg Tel: 1800-2271188

APPLICATION FOR WAIVER OF FOREIGN WORKER LEVY

IMPORTANT NOTES

- This form may take you 6 minutes to fill in. Please refer to Part 4A for the documents to be submitted.
- 2. The waiver must be made within the period of one year from the date of payment.
- 3. You may submit your application through Online Applications via CPF website at www.cpf.gov.sg. using SingPass or by post or at any CPF Offices with the documents listed using in Part 4A. If you need clarification, please call 1800 227 1188 or e-mail to 'FWL@cpf.gov.sg'. Please note that the refund of levy will be credited directly into your Inter-bank GIRO account maintained with the Board.
- 4. Only the original application will be accepted
- 5. Use of correction fluid is not allowed for amendments. Please cross out any error, make the amendment and sign against it.
- 6. If you do not have a Inter-bank GIRO arrangement with the Board, please complete PART 2 or PART 3 of the form below.
- 7. The Board shall not be liable for any loss caused to or damage incurred or suffered by employer or any person by reason of or in connection with the application.

the application.	OF EMBLOYED		
PART 1 PARTICULARS	OF EMPLOYER		
Employer Reference No.:		NRIC / Passport No (For employers of fo	o.:oreign domestic workers only)
Name of Employer / Company	:	E-Mail Address :	
OCC - Name 1 - m		D: 1 4: -1 N 1	
Office Number:		Residential Number:	
Mobile Number:		Fax number:	
1 Upon the approval of the walliability for the following m		ipply for refund of the excess a	amount (if any) after offsetting the levy
			ained with the Board or *my/company et the outstanding levy/penalty (if any)
Name & Designation of Authorised Officer (if applicable)	Signature of Employer / Authorised Officer	Company Stamp (for Business Employer)	Date
PART 2 EMPLOYER'S B	ANK ACCOUNT INFORMA	TION (FOR NON-GIRO	EMPLOYERS ONLY)
			copy of the bank passbook/statement.
3 1 3	,	1	13
Bank Name :	Branch :	Account No. :	
Name & Designation of	Signature of	f Employer /	Date
	pplicable) Alternate Authorised	1 2	Date
	N OF BANK ACCOUNT (FO		
	(0.0		
We confirm that,			, holder of
	(Name of Ac	ccount Holder)	
*Singapore Identity Card/Malaysia	a Identity Card/Passport No		maintains a
*Personal/Joint/Company account	with us under Account No	Nan	ne of Bank :
Address of Bank :			
Address of Bank :			
Address of Bank : Name & Signature of Bank C	officer & Bank's Stamp		Date

^{*} Delete whichever is not applicable

⁺ Circle one reason code only for each period

PART 4A REASON CODES AND DOCUMENT(S) REQUIRED							
	son Code # and the corresponding reason(s) for ication for waiver -	Docu	ument(s) required: -				
1	Foreign worker granted PR status	i)	Original passport of worker showing entry & re-entry permits endorsements.				
2A	Foreign worker was on home leave (home country)	i)	Original Boarding Passes (to and fro) and photocopy of passport of worker with				
2B	Foreign worker was on vacation for at least 7		endorsement showing the date of arrival at country and departure from country of				
	consecutive days (other countries except home		visit; or				
	country).	ii)	Letter from Airline Office confirming date of arrival and departure from country				
2C	Foreign worker was on overseas assignment for at		of visit; or				
	least 7 consecutive days.	iii)	Original passport of worker with endorsement showing the date of arrival at				
			country and departure from country of visit.				
3	Foreign worker with Embassy/Police Custody	i)	Original Confirmation letter from the Embassy/Police.				
4	Foreign worker failed to return to Singapore after	i)	Letter from the Airline Office confirming the departure to destination or Original				
	*home leave/vacation		Boarding Pass showing departure to destination.				
5	Foreign worker was on hospitalisation leave	i)	Original medical certificate from Singapore hospitals (for hospitalisation leave				
	(applicable to hospital in Singapore only)		only); or				
		ii)	Original hospital bills which reflect the admission and discharge dates; or				
			Original Confirmation letters from doctors/hospitals.				
6	Foreign worker in harbour craft industry on board	i)	Original declaration form signed by vessel captain with Maritime And Port				
	vessel which leaves Singapore Port for at least 3		Authority of Singapore (MPA) confirming that the foreign worker was on board				
	consecutive days.		the vessel during the said period. There should be endorsement showing the				
	·		departure and arrival dates.				
7	Malaysian workers serving 3-months National	i)	Letter from the Malaysia Authority requiring them to perform National Service				
	Service		(the period of National Service must be stated in the letter) and				
			documents/evidence e.g. passport to prove their exit and entry to Singapore.				

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	ART 4B PARTICULARS ease fill the information of the work		_				1 1:	-4 - 1 -1									
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1	Particulars of Foreign Worker(s)					Period Applied for Waiver DD-MM-YY and Reason Code Start date											
1	Foreign Worker's Name Work Permit Number	\vdash	$\overline{}$					End date				-			-		
	FIN Number	+-+	+					*Reason Code#	1	2.4	20	2C	3	4	5	-	7
2									1	2A	2B	2C	3	4		6	
2	Foreign Worker's Name	\vdash						Start date				-			-		
	Work Permit Number	+-						End date				-			-		
_	FIN Number		\perp					*Reason Code#	1	2A	2B	2C	3	4	5	6	7
3		<u> </u>						Start date				-			-		
	Work Permit Number							End date				-			-		
	FIN Number							*Reason Code#	1	2A	2B	2C	3	4	5	6	7
4	Foreign Worker's Name							Start date				-			1		
	Work Permit Number							End date				-			-		
	FIN Number							*Reason Code#	1	2A	2B	2C	3	4	5	6	7
5	Foreign Worker's Name	oreign Worker's Name					Start date				-			-			
	Work Permit Number							End date				-			1		
	FIN Number							*Reason Code#	1	2A	2B	2C	3	4	5	6	7
6	Foreign Worker's Name						Start date				-			-			
	Work Permit Number							End date				-			-		
	FIN Number							*Reason Code#	1	2A	2B	2C	3	4	5	6	7
	I certify that the particulars of	he fore	ign w	orkers	s state	ed in Pa	rt 4B a	are true, correct and co	omplet	e.							
	Name & Signature of Employer / Authorised officer						Date										

^{*} Delete whichever is not applicable + Circle one reason code only for each period