

**ASSOCIATION OF SINGAPORE MARINE INDUSTRIES (ASMI)  
MARINE MANPOWER CONNECT SCHEME  
For Change of Employer for Foreign Worker**

**REQUEST TO HIRE  
APPLICATION FORM FOR HIRING EMPLOYER**

| PART 1: COMPANY'S PARTICULARS   |  |                          |  |  |                           |              |                 |
|---|--|--------------------------|--|--|---------------------------|--------------|-----------------|
| Company Name in Full<br>(As in ARCA registration)                     |  |                          |  |  | UEN                       |              |                 |
| Address   |  |                          |  |  | SSIC Code                 |              |                 |
| Principle Business Activity   |  |                          |  |  | ASMI Member               |              |                 |
| Company's Work Pass<br>Quota - Category                               | Our company is one of the following...<br>(Please tick)                              |                          | Quota and Prior Approval<br>Availability |  | Please delete accordingly |              |                 |
|   | a) Sponsoring Shipyard   | <input type="checkbox"/> | Quota available                          |  | Yes                       | No           |                 |
|   | b) Resident Contractor (RC)  | <input type="checkbox"/> | Quota available                          |  | Yes                       | No           |                 |
|   | <i>For RC, state Sponsoring Shipyard</i>   |                          |  |  |                           |              |                 |
|   | c) Non Sponsoring Shipyard   | <input type="checkbox"/> | Prior approval obtained                  |  | Yes                       | No           |                 |
|   | d) Common Contractor (CC)  | <input type="checkbox"/> | Prior approval obtained                  |  | Yes                       | No           |                 |
|   | <i>For CC, state Supporting Shipyard</i><br>Please attach copy of the Prior Approval |                          |  |  |                           |              |                 |
| PART 2: AUTHORISED REPRESENTATIVE'S AND CONTACT STAFF'S PARTICULARS   |  |                          |  |  |                           |              |                 |
| Name and Designation of<br>Authorised Representative                  |  |                          |  |  | Office Contact            |              |                 |
|   |  |                          |  |  | Mobile                    |              |                 |
| Email Address   |  |                          |  |  |                           |              |                 |
| Name and Designation of<br>Alternate Staff<br>(for secondary contact) |  |                          |  |  | Office Contact            |              |                 |
|   |  |                          |  |  | Mobile                    |              |                 |
| Email Address   |  |                          |  |  |                           |              |                 |
| PART 3: FOREIGN WORKERS' REQUIREMENTS                                 |  |                          |  |  |                           |              |                 |
| S/N   | Occupation   | Skill Level              | Nationality                              | Years of<br>Employment<br>in Singapore | Basic Salary<br>Range     | Age<br>Range | No.<br>Required |
| 1   |  |                          |  |  |                           |              |                 |
|   |  |                          |  |  |                           |              |                 |
|   |  |                          |  |  |                           |              |                 |
|   |  |                          |  |  |                           |              |                 |
|   |  |                          |  |  |                           |              |                 |
|   |  |                          |  |  |                           |              |                 |
| Total No. of Workers Required   |  |                          |  |  |                           |              |                 |
| Remarks (if any)  |  |                          |  |  |                           |              |                 |

**PART 4: DECLARATION AND UNDERTAKING BY AUTHORISED REPRESENTATIVE OF HIRING EMPLOYER**  
**(To be completed ONLY by person authorised to act on the company's behalf.)**

Please read the following terms and conditions of the ASMI **Marine Manpower Connect (MMC) Scheme** carefully. Please indicate 'Yes' if you are agreeable to abide by them. If you disagree or cannot comply with the term, please indicate 'No'.

|   |   |   |    |
|---|---|---|----|
| 1.  | I declare that I am authorised by my company to submit this application and make decision on the hiring and selection of foreign workers on my company's behalf.                              | Yes                                     | No |
| 2.  | My company is hiring workers under this MMC Scheme because we have on-going projects that require manpower support.   | Yes                                     | No |
| 3.  | My company is aware that ASMI is not able to assist us in obtaining prior approval or work pass quota for work permit application through this scheme.  | Yes                                     | No |
| 4.  | My company will conduct a phone/online interview with the workers once they are shortlisted for our selection.  | Yes                                     | No |
| 5.  | My company will allow ASMI staff to sit in for our phone/online interviews with the job seeking workers.  | Yes                                     | No |
| 6.  | My company is aware that the job matching is subject to mutual agreement between us as the Hiring Employer and the job seeking worker (Prospective Employee) on the terms of employment.      | Yes                                     | No |
| 7.  | Once workers have been selected by us, my company will sign the 'Worker Transfer Agreement' before we proceed to apply for their work permits.  | Yes                                     | No |
| 8.  | My company will apply for work permits for workers job matched through this scheme within three working days of the confirmation of our selection, and at our own expense.                    | Yes                                     | No |
| 9.  | My company is aware that work permit application is subject to existing work pass application criteria and requirements for the marine shipyard sector.                                       | Yes                                     | No |
| 10.   | My company is aware that all work permit applications are subject to approval by the Ministry of Manpower (MOM).  | Yes                                     | No |
| 11.   | Once work permit application is approved by MOM, my company will proceed to hire the respective worker according to the mutual agreement reached with him.                                    | Yes                                     | No |
| 12.   | My company will arrange for my prospective employee to continue to reside in his current place of residence or make new arrangements for him.   | Yes                                     | No |
| 13.   | My company understands that ASMI is unable to assist us in submitting appeal requests to MOM for work permit applications rejected by the Ministry.   | Yes                                     | No |
| 14.   | My company will not hold ASMI responsible if the employee is found unfit for the job or not a good match subsequent to him joining our company.   | Yes                                     | No |
| 15.   | My company will not hold ASMI liable for damages arising out of any claim by any of our employee in relation to this job matching exercise.   | Yes                                     | No |
| 16.   | My company will not hold MOM liable for damages arising out of any claim by any of our employee in relation to this job matching exercise.  | Yes                                     | No |
| 17.   | My company agrees not to disclose or circulate the particulars of the workers furnished by ASMI to us under this MMC Scheme to any third party without the prior approval of ASMI and/or MOM. | Yes                                     | No |
| Name and Signature of Authorised Representative |   | Company's Stamp and Date of Application |    |

**FOR ASMI'S INTERNAL USE**

|   |  |                                       |  |
|---|--|---------------------------------------|--|
| Application Received Date               |  | Case ID Assigned                      |  |
| Application Checked By<br>(Name & Date) |  | Application Reviewed<br>(Name & Date) |  |
| Remarks                                 |  |                                       |  |