**APPLICATION FORM FOR ADDITIONAL FOREIGN WORKER (FW) QUOTA FOR DRIVERS**

*MOE Use only.*

Ref No:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part 1 – Particulars of Bus Operator** | | | | | | | |
|  |  |  | | | | | |
| **1.1** | **Name of Business:** |  | | | | | |
| **1.2** | **UEN or NRIC/FIN (if UEN is not available):** |  | | | | | |
| **1.3** | **CPF Account:** |  | | | | | |
|  |  |  | | | | | |
| **Part 2 – Details of Company Workforce[[1]](#footnote-1)** | | | | | | | |
|  |  |  | | | | | |
| **2.1** | **No. of Workforce:** *Include all local and foreign full-time employees i.e., admin etc. Exclude Employment Pass Holders)* | **Local employees (including PR)** | **Work Permit Holders** | | | | **S-Pass Holders** |
| **People’s Republic of China (PRC)** | | **Non-PRC** | |
|  |  | |  | |  |
| **2.2** | **Remuneration Details. of Local (including Permanent Resident (PR)) Bus Drivers (Full-Time):**  *(Please provide details in the given format and the necessary supporting documents.)* | |  |  |  |  | | --- | --- | --- | --- | | **No.** | **Name of Driver** | **Monthly Basic Salary ($)** | **Monthly Allowance (Trip, Shift and Overtime etc) ($) (Pl. indicate N.A. if there is no allowance)** | | 1 |  |  |  | | 2 |  |  |  | | 3 |  |  |  | | 4 |  |  |  | | 5 |  |  |  | | … |  |  |  | | | | | | |
| **2.3** | **No. of Work Permit Bus Drivers (Full-Time):** | **PRC** | | **Malaysian** | | **North Asian Sources [Hong Kong (HKSAR passport), Macau, South Korea and Taiwan]** | |
|  | |  | |  | |
| **2.4** | **No. of S-Pass Bus Drivers (Full-Time):** |  | | | | | |
| **2.5** | **Dependency Ratio Ceiling (DRC) and Sub-Quotas:**  *(Please provide screenshot from MOM website.)* | **Company’s Current PRC Work Permit Holders Sub-Quota Utilised (%)** | | | | **Company’s Current DRC Utilised (%)** | |
|  | | | |  | |
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| **Part 3 – Justifications for the Request for Additional Foreign Worker Quota** | | | | | | | |
|  |  |  | | | | | |
| **3.1** | **No. of additional FW quota Company is requesting:**  *(The permitted countries or regions under the Work Permit are PRCs, Malaysia and North Asian Sources [Hong Kong (HKSAR passport), Macau, Taiwan, South Korea] ONLY)* | |  |  |  | | --- | --- | --- | | **No.** | **Approved Sources of FWs** | **No. of additional FWs required** | | 1 | PRC |  | | 2 | Malaysia |  | | 3 | Taiwan |  | | 4 | South Korea |  | | 5 | Macau |  | | 6 | Hong Kong (HKSAR passport) |  | |  | **Total:** |  | | | | | | |
| **3.2** | **Please list the MOE schools which Company is servicing as main operator.**  *(Please include the schools where the company has already secured a tender/ contract)* |  | | | | | |
| **3.3** | **Please provide the deployment plan for the additional FW drivers.**  **Company should also provide any plans/intention to expand its workforce to serve more MOE schools.** |  | | | | | |
| **3.4** | **Please provide the list of all current drivers (Full-Time) and the sector(s) they are servicing in the given format.** | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **No.** | **Name of Driver** | **Local (incl PR) / S-Pass / WP (please indicate)** | **Sectors Served by Drivers**  **(Please** ✔ **in all applicable boxes)** | | | | | | | **MOE schools** | **Other Schools** | **Tourism** | **Office/**  **Factories** | **Residentials (Condos etc)** | **Others**  **(please state)** | | 1 |  |  |  |  |  |  |  |  | | 2 |  |  |  |  |  |  |  |  | | 3 |  |  |  |  |  |  |  |  | | 4 |  |  |  |  |  |  |  |  | | … |  |  |  |  |  |  |  |  | | | | | | |
|  |  |  | | | | | |
| **Part 4 – Initiatives to recruit Local & PR Drivers** | | | | | | | |
|  |  |
| **4.1** | **Please provide supporting documents (e.g. advertisements etc) on Company’s recruitment efforts on local (including PR) drivers.**  **Please include remuneration details (incl incentives such as sign-on bonus etc.) offered.** |  | | | | | |
|  |  |  | | | | | |
| **Part 5 – Step-down plan to revert to FW quota** | | | | | | | |
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| **5.1** | **Please provide Company’s step-down plan to revert to the FW quota after 2-year period runs out.** |  | | | | | |
|  |  |  | | | | | |
| **Part 6 – Particulars of Contact Person** | | | | | | | |
|  |  |
| **Name** | |  | | | | | |
| **Designation** | |  | | | | | |
| **Contact No.** | |  | | | | | |
| **Email Address:** | |  | | | | | |
|  | |  | | | | | |
| **Part 7 – Declaration by Employer** | | | | | | | |
|  | |  | | | | | |
| **I declare that all the information given in this Form is true, correct and complete.** | | | | | | | |
| Particulars of Applicant, i.e. Business Owner (Sole-Proprietor / Partner / Company Director) | | | | | | | |
| **Full Name (as shown on NRIC):** | |  | | | | | |
| **NRIC / FIN no.:** | |  | | | | | |
| **Designation:** | |  | | | | | |
| **Signature:** | |  | | | | | |
| **Contact No.** | |  | | | | | |
| **Email Address:** | |  | | | | | |
| **Date:**  **(DD/MM/YYYY)** | |  | | | | | |

1. To include personnel who are given In-Principle Approvals (IPAs) [↑](#footnote-ref-1)