

FORM 14A
IMMIGRATION ACT [CHAPTER 133, SECTION – 55(1)]

*Affix a recent
Passport-size
photograph here*

Notes:

* Check the box where appropriate

APPLICATION FOR ENTRY VISA

PART I – PARTICULARS OF APPLICANT													
Name: <i>(Full name as shown in travel document)</i>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>												
Alias:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>												
Date of Birth:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"><i>D D</i></td> <td style="text-align: center;"><i>M M</i></td> <td style="text-align: center;"><i>Y Y Y Y</i></td> <td colspan="3"></td> </tr> </table>							<i>D D</i>	<i>M M</i>	<i>Y Y Y Y</i>			
<i>D D</i>	<i>M M</i>	<i>Y Y Y Y</i>											
	Sex:* <input type="checkbox"/> Male <input type="checkbox"/> Female												
Marital Status:* <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Cohabited <input type="checkbox"/> Customary													
Nationality/Citizenship of Spouse:*	<input type="checkbox"/> Singapore Citizen NRIC No. <div style="border: 1px solid black; width: 60px; height: 20px;"></div> <input type="checkbox"/> Singapore Permanent Resident NRIC No. <div style="border: 1px solid black; width: 60px; height: 20px;"></div> <input type="checkbox"/> Others (Please Specify): _____												
Country/Place of Birth:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>												
State/Province of Birth:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>												
Race: <i>(e.g. Malay, Indian, Chinese, Caucasian, etc)</i>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>												
Nationality/Citizenship:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>												
Type of Travel Document Held:*	<input type="checkbox"/> International Passport <input type="checkbox"/> Diplomatic Passport <input type="checkbox"/> Official Passport <input type="checkbox"/> Service Passport <input type="checkbox"/> Document of Identity <input type="checkbox"/> Certificate of Identity <input type="checkbox"/> Others (please specify) _____												
Travel Document No.:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>												
Travel Document Issued Date:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> <td style="width: 15%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"><i>D D</i></td> <td style="text-align: center;"><i>M M</i></td> <td style="text-align: center;"><i>Y Y Y Y</i></td> <td colspan="3"></td> </tr> </table>							<i>D D</i>	<i>M M</i>	<i>Y Y Y Y</i>			
<i>D D</i>	<i>M M</i>	<i>Y Y Y Y</i>											
	Expiry Date: <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; border: 1px solid black; text-align: center;"> </td><td style="width: 15%; border: 1px solid black; text-align: center;"> </td><td style="width: 15%; border: 1px solid black; text-align: center;"> </td><td style="width: 15%; border: 1px solid black; text-align: center;"> </td><td style="width: 15%; border: 1px solid black; text-align: center;"> </td><td style="width: 15%; border: 1px solid black; text-align: center;"> </td></tr><tr><td style="text-align: center;"><i>D D</i></td><td style="text-align: center;"><i>M M</i></td><td style="text-align: center;"><i>Y Y Y Y</i></td><td colspan="3"></td></tr></table>							<i>D D</i>	<i>M M</i>	<i>Y Y Y Y</i>			
<i>D D</i>	<i>M M</i>	<i>Y Y Y Y</i>											
Country/Place of Issue:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>												
For Chinese Nationals Only													
PRC ID Number	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>												

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

Occupation:

Highest Academic/Professional Qualifications Attained:* No Formal Education Primary Secondary Pre-University Diploma University Post-Graduate

Annual Income in Singapore dollars (SGD):

Religion/Denomination:

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:* Social Business

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: **Contact No:** _____

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 details

Period of Stay

Country/Place	Address	Period of Stay	
		From	To

Details of Travelling Companion

(Only for applicant who is 12 years old or less at the point of application. Details are not required if applicant is accompanied by an airline representative.)

Relationship of Travelling Companion To Applicant:

Grid of 20 boxes for relationship details.

Name:

Grid of 20 boxes for name.

Date of Birth:

DD-MM-YYYY date format grid.

Sex:*

Male Female

Nationality/Citizenship:

Grid of 20 boxes for nationality.

Travel Document Number:

Grid of 15 boxes for travel document number.

PART III – PARTICULARS OF LOCAL CONTACT

Details of Local Contact or Company/Hotel in Singapore

Name of Local Contact /Company/Hotel:

Grid of 20 boxes for name of local contact.

Relationship of Local Contact/Company/Hotel to Applicant:

Grid of 20 boxes for relationship details.

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 - DECLARATION BY APPLICANT

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 misuse controlled drugs or to take part in any political or other activities during my stay in Singapore which would make me an undesirable or prohibited immigrant under the Immigration Act.

I undertake to comply with the provisions of the Immigration Act and any regulations made thereunder or any statutory modification or re-enactment thereof for the time being in force in Singapore.

I undertake not to involve in any criminal offences in Singapore.

I undertake not to indulge in any activities which are inconsistent with the purpose for which the immigration passes have been issued

I further undertake not to be engaged in any form of employment, business or occupation whilst in Singapore without a valid work pass issued under the Employment of Foreign Manpower Act (Cap. 91A).

I am aware that overstaying or working illegally in Singapore is a serious offence and on conviction, the penalties may include mandatory imprisonment and caning.

I understand that if the Controller of Immigration is satisfied that I or any member of my family breaches this undertaking or becomes an undesirable or prohibited immigrant, he will cancel my immigration pass and the passes of the members of my family, and we may be required to leave Singapore within 24 hours of such cancellation.

I understand that this application for and possession of a visa does not guarantee entry into Singapore and permission to entry is entirely discretionary at the point of entry.

I give my consent for your department to obtain and verify information from or with any source as you deem appropriate for the assessment of my application for immigration facilities.

Date

Signature of Applicant