

Immigration & Checkpoints Authority ANNEX TO APPLICATION FOR A VISIT PASS (FORM 14)

An applicant whose husband / wife is a Singapore Citizen or Singapore Permanent Resident is required to complete the following:

I. APPLICANT

(a) Name:				
(b) Highest Academic Qualification	on Attained:		(c) Year o	of Graduation:
(d) School/College/University Att	ained:			
	_			
(e) Gross Monthly Salary (S\$):				
(f) Address in Singapo <u>re:</u>				
	een residing with	onsor at the above addr the sponsor at the abor the last five years.		No
(If you and your spou	se are not living t	together, please provid	le reasons in a separa	ate sheet of paper).
(g) Date of Marriage :		(DDMMYY)	(Y)	
(h) Is the marriage registered in S	Singapore?:	□ Yes □ No		
(i) Marriage Certificate No.:				
The information required below is	s applicable only	if applicant is a female	spouse	
(j) Are you currently pregnant?:	□ Yes □ No)		
(k) Expected Date of Delivery :		(DDMMYY)	(Y)	
(I) Particular of Applicant's paren	ts and children b	by the present marriage	** **/If not applicable ple	ase enter NII)
Name	Date of Birth	Nationality	Occupation	Relationship to Applicant
				Father
	1			Mother
	1			Son /Daughter
				Son /Daughter
				Son /Daughter

Important notes:

- (i) Incomplete forms will render the application invalid
- *To add separate sheet of paper if insufficient.
- (iii) ** Please furnish the birth certificate(s) of child(children) if any.

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I. APPLICANT

(m) Particular of Appli	cant's All <u>Otl</u>	<u>her</u> Marriages	(including c			f not applicab	le, please ent	er NIL)
		Date/Place of Birth		Date of Marriage		Present		Date of
Name of Spouse	Nationality	Date/Flace of Diffil		(DD/MM/YYYY)		Whereabouts		Divorce/Decease
(n) Particular of Applic please enter NIL)	cant's <u>Other</u>	children(by all	other marria	ages/illegitir	nate childre	en/adopted	children).**	(If not applicable,
Name		Date of Birth	Natio	nality	Occup	oation	Relation	onship to Applicant
								Son /Daughter
								Son /Daughter
								Son /Daughter
								Son /Daughter
								Son /Daughter
(ii) your sp	oney or any foouse, your species No couse, your species No couse wer to any of	orm of benefit, pouse's family of pouse's family	or a third pa or a third pa ns is yes, pa	arty in relation	on to the specing to ento	er into this	marriage? on in a sepa	ation? arate sheet of paper)
ر ا	res □No	uestion is yes, _l		·	J	·		et of paper)
I hereby confirmed that	at the informa	ation given abo	ve is true a	nd correct t	o the best c	of my knowl	ledge, and t	that I have
not wilfully suppresse	d any materia	al fact.						
Name and Signature	of Applicant	-				Date		

Important notes:

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- (iii) ** Please furnish the birth certificate(s) of child(children) if any.

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II. SPONSOR

(a) Name:			(b) Date / Place of Birth:					
(c) Sex / Nationality:			_(d) Marital Status:	(e) NRIC No:				
(f) Highest Academic Qualification Attained:			(g) Occupation/Monthly Salary(S\$):					
(h) Relationship To Applicant:			_(i) Tel:	(Office)	(Residence)			
(j) Particular of Spons	or's All Other	Marriages (including cu	stomary marriages)*:(If no	ot applicable, please enter l	NIL)**			
Name of spouse	Nationality	Date/Place of Birth	Date of Marriage (DD/MM/YYYY)	Present Whereabouts	Date of Divorce/Decease			
(k) Additional Questions for Sponsor 1) Did you or your family receive money or any other form of benefit, directly or indirectly from any person in relation to the sponsoring of this application? □Yes □No (If the answer to this question is yes, please provide a detailed explanation in a separate sheet of paper) I hereby confirmed that the information given above is true and correct to the best of my knowledge, and that I have not wilfully suppressed any material fact.								
Name and Signature o				Date				

Important notes:

- Incomplete forms will render the application invalid
- (ii) (iii)
- *To add separate sheet of paper if insufficient.

 ** Please furnish the birth certificate(s) of child(children) if any.