



To: Secretary to the Appeal Board ("Secretary")

c/o LEGAL SERVICES DIVISION
MINISTRY OF MANPOWER
18 HAVELOCK ROAD #04-01
SINGAPORE 059764

NOTICE OF APPEAL FORM

EMPLOYMENT OF FOREIGN MANPOWER ACT (CHAPTER 91A)

EMPLOYMENT OF FOREIGN MANPOWER (INFRINGEMENT AND APPEAL BOARD PROCEEDINGS) REGULATIONS 2013

Instructions

You must use this form if you wish to file an appeal against the Commissioner for Foreign Manpower's ("Commissioner") determination or direction.

The appeal must be filed within **14 days** after receipt of the Commissioner's determination or direction.

You must provide a summary of your grounds for appeal and attach all supporting documents.

Case Reference No.	:	FMMD/IP/	Date of Commissioner's Decision	:	
Appellant's Name	:		Appellant's NRIC/FIN/UEN	:	
Appellant's Address	:				
Authorised Representative's Name (if applicable)	:		Authorised Representative's NRIC/ FIN/ UEN (if applicable)	:	
Authorised Representative's Address (if applicable)	:				
Legal Representative's Name (if applicable)	:		Legal Representative's NRIC/FIN/UEN (if applicable)	:	
Legal Representative's Address (if applicable)	:				



SECTION A: The Appellant appeals against the

Please tick all that applies:

<input type="checkbox"/>	Commissioner's findings	
<input type="checkbox"/>	Amount of Financial Penalty	
<input type="checkbox"/>	Direction	
<input type="checkbox"/>	Others	<i>Please specify:</i>

SECTION B: Grounds of Appeal

Please tick all that applies:

<input type="checkbox"/>	Commissioner's decision was based on wrong facts	
<input type="checkbox"/>	Commissioner's decision was wrong in law	
<input type="checkbox"/>	Others	<i>Please specify:</i>



SECTION C: Details of the Grounds of Appeal

Please provide (i) your version of the facts; (ii) a summary of your arguments supporting your grounds for appeal; and (iii) set out what relief or directions you seek from the Appeal Board. If the space below is insufficient, you may attach additional pages.



SECTION D: Documents to be submitted

(1)	Copies of any authorities, information or documents relied on.
(2)	A copy of the Determination being appealed against.
(3)	Proof of payment of the \$500 filing fee.
(4)	If the Appellant is a body corporate, the representative's Letter of Authorisation.
(5)	If the Appellant is legally represented, the Warrant to Act.

SECTION E: Further instructions

How to submit your appeal?

Submit hardcopies of this completed form together with all the supporting documents to:

Secretary to the Appeal Board
c/o Legal Services Division, Ministry of Manpower
18 Havelock Road #04-01
Singapore 059764

Payment of filing fee

You must pay a non-refundable filing fee of \$500. The Notice of Appeal will be immediately rejected if the filing fee has not been paid.

When making payment, please key in your case reference number (e.g. FMMD/IP/202100/00123) in the comments field for us to identify your case.

Option 1: Internet Bank Transfer to DBS bank account number **072-012539-8**

Option 2: PayNow using the UEN: **T08GA0019C2L1** or scanning the QR Code:





SECTION F: DECLARATION

- ☐ I confirm that I am submitting this Notice of Appeal against the Commissioner's determination and/or direction to the Appeal Board. I declare that the information and documents submitted in this Notice of Appeal are true and correct. I understand that I may be investigated and charged in court if I provide any false information.
- ☐ I confirm that I have paid the filing fee of \$500 via Internet Bank Transfer or PayNow.
- ☐ I understand that if the Notice of Appeal is materially incomplete, lacking in clarity or unduly lengthy, the Appeal Board has the discretion to reject my appeal or give such directions as may be necessary to me to remedy the Notice of Appeal.

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Name	Company/Business Stamp	Date & Signature
(To state name and designation of Authorised Representative of Company/Business, where applicable)	(where applicable)	