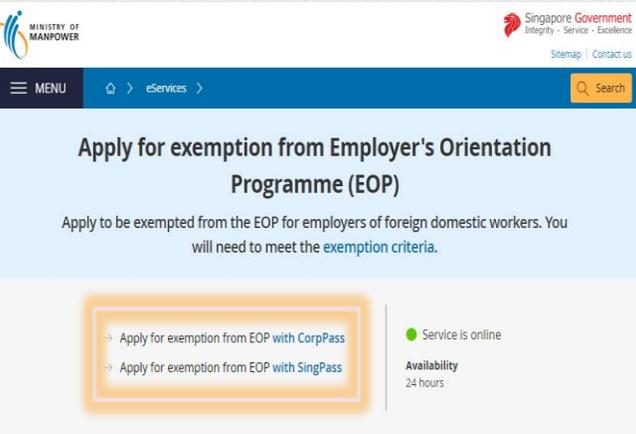


# Quick Reference Guide

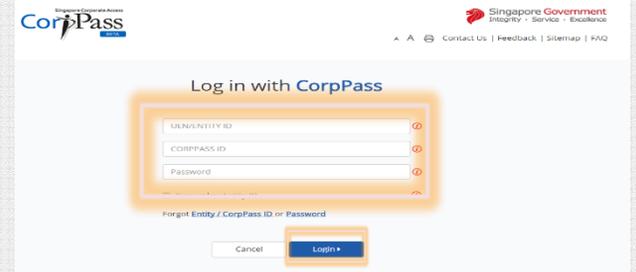
## Employers' Orientation Programme (EOP) Exemption

EOP Exemption Online for Employment Agencies (<http://www.mom.gov.sg/eservices/services/application-for-exemption-from-eop>)

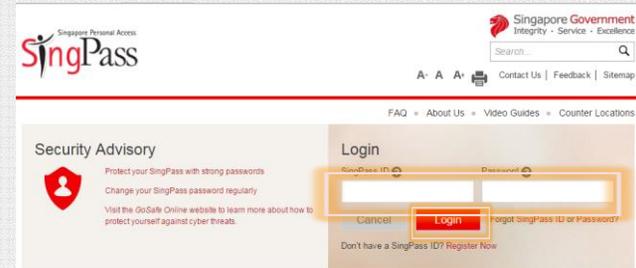
1 Click *Apply for exemption from EOP*



2a Enter your *CorpPass ID, Entity ID & password*. Click *Login*

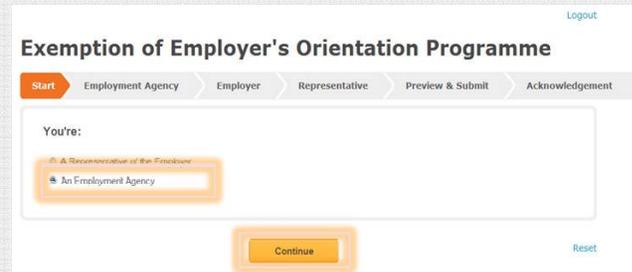


2b Enter your *SingPass ID and password*. Click *Login*



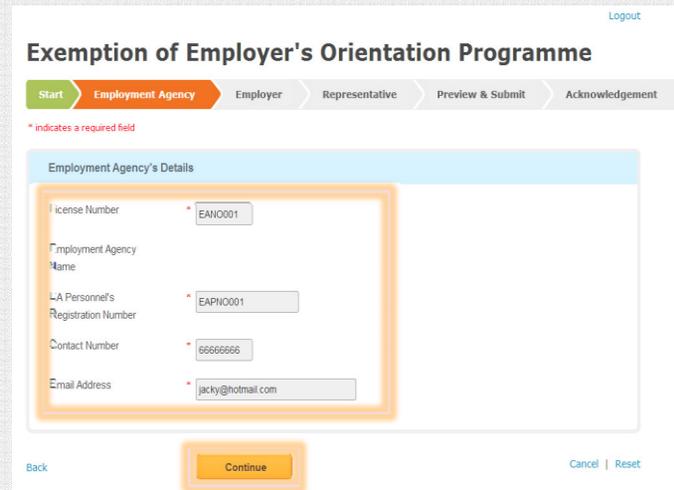
3 Select *An Employment Agency*

Click *Continue* to proceed



4 Enter the Employment Agency's *License Number, Personnel's Registration Number, Contact Number and Email Address*

Click *Continue* to proceed

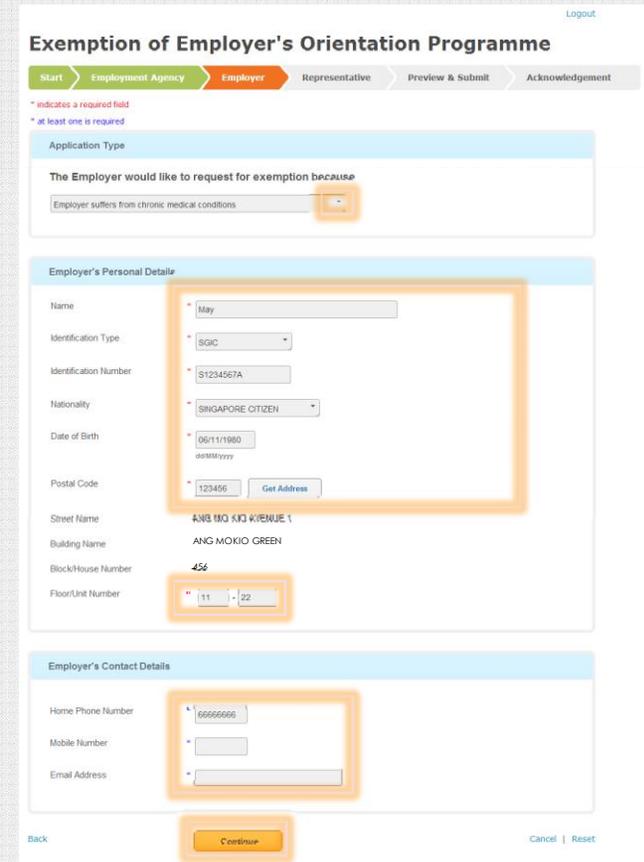


5 Select the Application Type by clicking the drop-down menu. There are 5 reasons to select from:

- 1 Employer suffers from chronic medical conditions
- 2 Employer is non-ambulant
- 3 Employer is 60 years of age or more and suffers physical discomfort
- 4 Employer is expected or has given birth within one month of date of exemption application
- 5 Employer's spouse/ ex-spouse is/was an FDW employer

Enter the Employer's Personal Details and Contact Details

Click *Continue* to proceed



# Quick Reference Guide

## Employers' Orientation Programme (EOP) Exemption

**6** Enter the Representative's Personal Details and Contact Details

Click [Continue](#) to proceed

Note: If you select either one of these 3 reasons (1 2 3) in the dropdown menu, and it is a non-sponsored application, you may select *Other type of Representative* under the *Relationship to Employer*. You will then be prompted to key in the relationship manually (e.g. Brother). The *Status* will reflect this relationship (e.g. Brother has attended EOP). You do not need to select the status. If you select 5 in the dropdown menu, the status will automatically reflect Spouse/ex-spouse is/was an employer. You do not need to select the status.

**Exemption of Employer's Orientation Programme**

Start > Employment Agency > Employer > Representative > Preview & Submit > Acknowledgement

\* indicates a required field  
\* at least one is required

**Representative's Personal Details**

Relationship to Employer: Spouse  
 Status: Spouse has attended EOP  
 Name: Zhi Qiang  
 Identification Type: SGIC  
 Identification Number: S1111222B  
 Nationality: SINGAPORE CITIZEN  
 Date of Birth: 06/11/1981  
 Postal Code: 123456  
 Street Name: ANG MO KIO AVENUE 1  
 Building Name: ANG-MOKIO GREEN  
 Block/House Number: 456  
 Floor/Unit Number: 11 - 22

**Representative's Contact Details**

Home Phone Number: [ ]  
 Mobile Number: 88888888  
 Email Address: zhiqiang@hotmail.com

Buttons: Back, Continue, Cancel, Reset

**7** You will be able to preview the details before submitting the application.

Click [Edit](#) to amend any the fields

Check the box to confirm the details

Click [Submit](#) to proceed

**8** You will be presented with an acknowledgement page if your application is successful.

Click [Add More](#) to request for EOP Exemption for others or  
 Click [Save as PDF](#) to save a softcopy of the application or  
 Click [Email to Me](#) for a copy of the acknowledgement or  
 Click [Logout](#) to exit from this service

**Exemption of Employer's Orientation Programme**

Start > Employment Agency > Employer > Representative > Preview & Submit > Acknowledgement

**Acknowledgement**

Your application is successful.

The following employer's application for exemption of FDW EOP is approved. Please keep the documents as listed in the MOM Webpage for at least 3 months for MOM's verification.

Reference No.	EEOP-2013-11-29-0502
Employer's Name	MAY
Employer's Identification No.	S1234567A
Exemption Reason	Employer suffers from chronic medical conditions
Exemption Date	29/11/2013
Status of Representative	ZHI QIANG (S1111222B) HAS ATTENDED EOP

Please print or save and retain this page for your reference.

Buttons: Add More, Save as PDF, Email to Me

**Exemption of Employer's Orientation Programme**

Start > Employment Agency > Employer > Representative > Preview & Submit > Acknowledgement

**Application Details**

Exemption Reason: Employer suffers from chronic medical conditions

**Employment Agency's Details**

License Number	EAND001
Employment Agency Name	FIRST HELPER PTE LTD
EA Personnel's Registration Number	EAPN0001
Office Contact Number	86666666
Office Email Address	JACKY@HOTMAIL.COM

**Employer's Details**

Name	MAY
Identification Type	SGIC
Identification Number	S1234567A
Nationality	SINGAPORE CITIZEN
Date of Birth	06/11/1980
Address	456 ANG MOKIO AVENUE 1 ANG MOKIO GREEN #11-22 SINGAPORE 123456
Home Phone Number	86666666
Mobile Number	-
Email Address	-

**Representative's Details**

Name	ZHI QIANG
Identification Type	SGIC
Identification Number	S1111222B
Nationality	SINGAPORE CITIZEN
Date of Birth	06/11/1981
Address	456 ANG MOKIO AVENUE 1 ANG MOKIO GREEN #11-22 SINGAPORE 123456
Home Phone Number	-
Mobile Number	88888888
Email Address	ZHIQIANG@HOTMAIL.COM
Status	SPOUSE HAS ATTENDED EOP

**Confirmation**

I hereby declare that,

- All particulars given in this application form are true and correct, to the best of my knowledge. I hereby give my consent to the Ministry to verify the particulars with any Government Agencies.
- I am aware that if I make any false statement or produce any document which I know to be false, I shall be guilty of an offence and may be subject to Prosecution.

Buttons: Back, Submit, Cancel