



**“STRONGER TOGETHER” JOB SUPPORT SCHEME (JSS)
APPLICATION FORM**

FALSE INFORMATION ACT 2016

WARNING: Providing false information to Government is an offence under the False Information Act 2016. If you are found guilty of providing false information to Government, you may be fined up to \$20,000 or sentenced to imprisonment for up to 10 years.

SECTION A : ENTITY DETAILS			
Entity Name:		Entity Structure (<i>Tick one</i>):	
		<input type="checkbox"/> Business Partnership <input type="checkbox"/> Private Company <input type="checkbox"/> Municipal Council <input type="checkbox"/> NGO <input type="checkbox"/> Others: Specify _____	
Entity Address:		Entity Registration Number:	
TIN Number: (Mandatory)			
Bank Account Number:		Bank Name:	
Full Name of Contact Person:		Mobile/Phone No:	



Address:		Email:	

SECTION B: SUPPORTING DOCUMENTS

<input type="checkbox"/> Proof of Entity Incorporation (Such as, business or company registration certificate, NGO registration certificate) (attach)	<input type="checkbox"/> Tax Compliance Certificate (attach)
<input type="checkbox"/> TIN Letter (attach)	<input type="checkbox"/> FNPF Compliance certificate (attach)

Total Number of Existing Employees as at 30 September 2020:		Number of Proposed New Recruits under Government JSS	
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SECTION C: RECRUITMENT DETAILS FOR APPROVAL

Location	Total Number	Job Type	Wage Rate

Note: Please add additional rows above if required.

SECTION E: DECLARATION

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I, (full name) _____

of (address) _____

solemnly and sincerely declare that the information provided in this form is true and correct and I make this solemn declaration believing the same to be true and by virtue of the Statutory Declarations Act 1970.

DECLARED _____ by _____ the _____ said
_____ at _____ this
_____ day of _____ 2020
before me and that the contents hereof were
read over and explained to him/her in the
_____ language and he/she
appeared fully to understand the meaning and
effect thereof.

(signature of authorised witnessing officer*)

Name: _____

Office held: _____

* List of authorised witnessing officers attached

Disclaimer

Please note that this application form does not guarantee your selection for the Job Support Scheme subsidy.

Please note incomplete applications will not be considered.



OFFICIAL USE ONLY	
Receiving Officer	
Name:	Designation:
Office:	Location:
Signature:	Date Received: / /
Verifying Officer	
Name:	Designation:
Comments:	
Signature:	Date: / /

DECISION	
Assessment	Comments:
	<input type="checkbox"/> Approve <input type="checkbox"/> Decline



Authorised witnessing officers:

This application form may be witnessed by the following authorised officers:

- (a) a notary public or Commissioner for Oaths;
- (b) a barrister and solicitor;
- (c) a justice of the peace;
- (d) a district officer; or
- (e) police officer.