

MARITIME AND PORT AUTHORITY OF SINGAPORE

Application Form

Talent@MaritimeSingapore

Overseas Attachment Programme

PLEASE READ ALL THESE INSTRUCTIONS BEFORE COMPLETING THE FORM

- All blank fields are to be filled in. Please indicate where information is not applicable.
- Participants and business entities must adhere to the terms and conditions of the programme, available at https://www.mpa.gov.sg/maritime-singapore/what-maritime-singapore-offers/developing-manpower/talent@maritimesingapore.
- A complete application comprising of this application form accompanied by all necessary supporting documents must be submitted via email to mcf@mpa.gov.sg at least 30 days prior to commencement of the programme. Late submissions may be rejected.
- The programme may commence only after the application is approved by MPA.

INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL

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Applicant must complete all the sections. Please attach the following supporting documents:

- Participant's resume
- Copy of Participant's NRIC
- Detailed Attachment Programme

| Section 1 : Information on Participant | | | | | |
|--|-------------------------------------|-----------------|--------------|---------------|--|
| Name (Write in BLOCK let | ters) | Sex | | Date of Birth | |
| | | ☐ Fema | le 🗌 Male | | |
| (As in NRIC/Passport and Sui | rname/Family Name is to be underlin | | | | |
| Race | NRIC No. | Email Address | • | Contact No. | |
| | | | | | |
| Type of NRIC | | | | | |
| Singapore Pink | Singapore Blue | | | | |
| Section 2 : Information on Employer | | | | | |
| Name of Company/Organis | sation | | | | |
| | | | | | |
| Address | | | | | |
| | | | | | |
| | | | | | |
| | | | Postal Co | ode | |
| Tel No. | | | Website | | |
| AODA/D airea Daristati | N. | No. | | | |
| ACRA/Business Registration | on No. | Nature of Busin | ness | | |
| | | | | | |
| Name of Contact Person & | Designation Tel No. | | Email Addres | SS | |
| | | | | | |
| | | | | | |
| | | | | | |

| Section 3 : I | nformation on Attac | hment Programme |
|---|-----------------------------|---|
| Commencement Date (dd/mm/yy) | End | Date (dd/mm/yy) |
| Which of the following areas of shipping bu | siness would be addre | ssed through the training? |
| ☐ Ship Finance | ☐ Port Terminal Ma | anagement, Planning & Development |
| ☐ Ship Broking & Chartering | ☐ Port Economics, | Marketing and Pricing |
| ☐ Marine Insurance | ☐ Marine Engineer | ing and Naval Architecture |
| ☐ Maritime Law / Arbitration ☐ Ship/Offshore Structure Design & C | | ructure Design & Construction |
| Others (please specify): | | |
| Name of Overseas Business Entity | | Contact Person |
| | | Email Address |
| Address | | Relationship with Local Sponsoring Business |
| | | |
| | argets and Goals to | Achieve |
| Please use separate sheet if necessary | | |
| | | |
| | | |
| | | |
| | Any Other Inform | |
| You may wish to indicate any other relevant info | ormation, which will help y | ou in your application. |
| | | |
| | | |
| | | |
| | | |

| Section 4 : Supportable Expenses^ | | | | | |
|---|---|--|--|--|--|
| Economy Return Airfare | | | | | |
| Location of Nearest Airport to | | | | | |
| Overseas Office | | | | | |
| ^Support granted for 50% / 70%* of supportable expe | nses, subject to a cap as determined by MPA. | | | | |
| *For overseas attachments to ASEAN countries. | | | | | |
| Section 5a: Declarations and Undertakings E | By Company and Authorised Representative | | | | |
| | declare that the information provided in this application to the best of my/our knowledge and belief and that I/we | | | | |
| 2. I/we declare that the company has not applied for or received, and will not apply for any other forms of financial assistance administered by any government bodies for this programme. | | | | | |
| 3. I/we undertake to seek MPA's approval immediately in the event of any changes in the information given in this application. I/We agree that changes made without MPA's prior agreement will render any prior approval invalid. | | | | | |
| are found to have furnished any false or misleading | e or misleading information to MPA. In the event that I/we information or submitted any false declaration or willfully to return to MPA any and all disbursed monies, failing action to recover the same. | | | | |
| Signature of Authorised Representative ¹ | | | | | |
| Name | | | | | |
| Designation | | | | | |
| Contact No. | Date | | | | |
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 $^{^{1}}$ Must be signed by an authorised representative of the management (other than the trainee) in the business entity/organisation.

Section 5b: Declarations and Undertakings By Trainee

- 1. <u>I DECLARE</u> that all statements made by me on this form are correct. I acknowledge that it is an offence to furnish false or misleading information to MPA. In the event that I am found to have furnished any inaccurate or false information or submitted any false declaration or willfully suppressed any material fact, I will be required to return to MPA any funding granted to me pursuant to this application, failing which MPA shall have the right to take all necessary action to recover the same.
- 2. **I UNDERTAKE** to serve the sponsoring company for a duration equal to the duration of the attachment upon completion of the overseas attachment programme.
- 3. I **UNDERTAKE** to accept and comply with MPA's Terms and Conditions for this programme should my application be approved.
- 4. <u>I DECLARE</u> that I have not applied for or received any other forms of financial assistance administered by any government bodies for this programme.
- 5. <u>I UNDERTAKE</u> to seek MPA's approval immediately in the event of any changes in the information given in this application. I agree that changes made without MPA's prior agreement will render any prior approval invalid

| Signature: | Date : | |
|------------|--------|--|