

CAREER SUPPORT PROGRAMME CLAIM FORM

I. Application Details								
Company name (as per ACRA records)								
UEN								
Company Type	<input type="checkbox"/> SME <input type="checkbox"/> Non-SME							
Company bank account number	<hr style="width: 50%; margin-left: 0;"/> <p style="font-size: small; margin-top: 5px;">Please attach the completed Direct Credit Authorisation (DCA)* form to WSG. *Applicable for employers who do not have an existing vendor account with WSG.</p>							
II. Contact Person Details (for clarification on claim form)								
Name				Designation				
Email address				Contact number				
III. Claim Details								
Name and NRIC No	Employment start date (in DDMMYYYY format)	Claim period (DDMMYYYY to DDMMYYYY)	Computation and remarks (Please state reasons if gross monthly salary of the new hire is less than \$3,600 / \$4,000)	Total amount for new hire (\$)	Tranche			Supporting documents attached? (E.g. Salary records, payslips)
	e.g. 01102015	e.g. 01102015 to 30062016	e.g. 40% x the actual gross monthly salary paid out by employers, capped at \$2,800 a month X claim period Refer to Annex for salary support for employers.	e.g. \$X	1 st <input type="checkbox"/>	2 nd <input type="checkbox"/>	3 rd <input type="checkbox"/>	Yes <input type="checkbox"/> N.A. <input type="checkbox"/>
					1 st <input type="checkbox"/>	2 nd <input type="checkbox"/>	3 rd <input type="checkbox"/>	Yes <input type="checkbox"/> N.A. <input type="checkbox"/>
					1 st <input type="checkbox"/>	2 nd <input type="checkbox"/>	3 rd <input type="checkbox"/>	Yes <input type="checkbox"/> N.A. <input type="checkbox"/>
					1 st <input type="checkbox"/>	2 nd <input type="checkbox"/>	3 rd <input type="checkbox"/>	Yes <input type="checkbox"/> N.A. <input type="checkbox"/>
Total								

VI. Claim Checklist																		
1.	Have all the new hires in this claim <i>(For individuals commencing work prior to 01 Sep 2017)</i> a. Attended a SSG-approved course? <u>or</u> b. Attended an OJT training <u>or</u> c. Attended P-Max training workshop <u>or</u> d. Completed the Professional Conversion Programme (PCP)	Yes <input type="checkbox"/> No <input type="checkbox"/>																
1a.	If yes to 1, please provide the following information <table border="1" style="width: 100%;"> <tr><td>Course Title:</td><td></td></tr> <tr><td>Training Provider:</td><td></td></tr> <tr><td>Course Commencement Date</td><td></td></tr> <tr><td>Course End Date</td><td></td></tr> <tr><td colspan="2"> </td></tr> <tr><td>Name of PCP:</td><td></td></tr> <tr><td>PCP Commencement Date</td><td></td></tr> <tr><td>PCP End Date</td><td></td></tr> </table>	Course Title:		Training Provider:		Course Commencement Date		Course End Date				Name of PCP:		PCP Commencement Date		PCP End Date		
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Training Provider:																		
Course Commencement Date																		
Course End Date																		
Name of PCP:																		
PCP Commencement Date																		
PCP End Date																		
2.	Have you applied for/received additional salary support for any of SSG/WSG/NTUC's e2i's programmes for the new hires in this claim (other than the PCP,P-Max)?	Yes <input type="checkbox"/> No <input type="checkbox"/>																
V. Declaration																		
<p>1. We declare that the information stated in this claim and the information in the supporting documents are true and correct and that apart from this claim, we have not made similar claims. We agree and give our full consent for WSG or its appointed representatives to obtain and verify information from or with any source, as WSG deems appropriate for the assessment of our claim.</p> <p>2. We declare that this claim has been verified by an authorised representative of the company and we have abided by all the Terms and Conditions accepted at point of registration under CSP.</p> <p>3. We declare that all information given by us in this claim and any supporting documents attached hereto are true to the best of our knowledge and we have not wilfully suppressed any material fact. We accept that if any of the information given by us in this claim is in any way false or incorrect, our claim may be rejected, and that any and all funds, with interests, which have been disbursed to us shall be returned to WSG immediately without demand.</p>																		
Signature _____	Company stamp & UEN no. _____	Date _____																
Name:																		
Designation (Director or equivalent):																		
Email:																		

DIRECT CREDIT AUTHORISATION FORM

(Only ORIGINAL AND COMPLETED form with Bank's endorsement will be accepted.)

No correction tape/fluid should be used on this form. Any cancellations made must be endorsed by the authorised signatories signing this form.

Please mail the form: Workforce Singapore Agency, 1 Marina Boulevard, #18-01 One Marina Boulevard, S(018989)

Part I: To be completed by the Company/Individual

Please TICK one of the relevant boxes: [For enquiries please contact us via WSG Feedback Portal (https://portal.ssg-wsg.gov.sg/feedback); Hotline: +65 6883 5885]	
<input type="checkbox"/> New Vendor	<input type="checkbox"/> Update existing Vendor record

Name(s) of Bank Account Holder(s):

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Bank No.	Branch No.	Bank Account No. to be Credited

Bank and Branch Name	Swift Code

ACRA / UEN No. (for companies)	
Address	
GST Registered	Yes / No

NRIC No. (for individuals)	
Others (e.g. FIN, Society No.)	
Tel. Number	
Fax. Number	
*Email	

*Remittance Advice will be sent to this given email address

- (a) I/we hereby authorise Workforce Singapore Agency to credit payments due to me/us to the above account. Amounts so credited would constitute valid discharge of obligations due to me/us.
- (b) This authorization shall continue to be in force until I/we expressly revoked it by notice in writing delivered to you 30 days in advance before the change. Workforce Singapore Agency may in your absolute discretion terminate this arrangement by written notice delivered to my/our address last known to you.
- (c) In the event of a change in bank account number, I/we shall inform you in writing 30 days in advance before the change.
- (d) I/we hereby request and authorize the Workforce Singapore Agency to obtain confirmation or verification of information relating to me/us and/or to my/our account(s) from/with the bank where the Account is maintained as stated in the form.
- (e) In consideration of the Workforce Singapore Agency acceding to my/our said request and in consideration of the Bank confirming or verifying such information pursuant to the said request, I/we irrevocably consent to and authorize the Bank, including any officer thereof, to disclose any information whatsoever relating to me/us and to the Account as is necessary for the sole purpose of account validation and agree that such authorization shall survive any termination of the Account. I/we agree that this consent shall survive the termination of any of the Account with the Bank and may be relied on and enforced as fully and effectively by the Bank as if it is addressed to the Bank.

To: _____ (Name of Applicant's Bank)
I/we hereby authorise the Bank, including any officer thereof, to disclose all information related to me/us as requested in this document.

Authorised Signature(s) & Stamp as in Bank's Record _____
Date

Part II: For bank's endorsement

To: WORKFORCE SINGAPORE AGENCY
We hereby certify that the signature(s) and other particulars as stated in Part I agree with that contained in our records.

Name & Signature of Authorised Bank Officer _____
Bank's Official Stamp _____
Date

Part III: For Official Use Only

- Your GIRO form has been rejected due to:
- No or invalid verification by Bank, kindly submit to your Bank for verification.
 - No Alterations/cancellations are allowed on the form, kindly complete a new form.
 - Other Reason: _____
- (Note: Workforce Singapore Agency reserves the right to reject any GIRO form that is deemed to be unacceptable.)

SALARY SUPPORT TO EMPLOYERS

Salary Support for Singapore Citizen PMETs	<u>First</u> 6 months of employment	<u>Second</u> 6 months of employment	<u>Third</u> 6 months of employment
≥40 years unemployed and actively looking for jobs ≥12 months	50%	30%	20%
≥40 years unemployed and actively looking for jobs for 6 months to <12 months OR made redundant	40%	20%	N.A.
<40 years unemployed and actively looking for jobs for ≥6 months	20%	10%	N.A.
Gross monthly salary*: Offering at least \$3,600/month for SMEs^ Offering at least \$4,000/month for Non-SMEs (Funded gross monthly salary capped at \$7,000/month)			

* The sum of the New Hire's basic monthly salary and any fixed monthly allowance

^ Companies must be legally registered or incorporated in Singapore, with a Unique Entity Number (UEN)

INFORMATION AND DOCUMENTS REQUIRED FOR CLAIM

Please submit claim for CSP salary support through WSG Feedback portal (<https://portal.ssg-wsg.gov.sg/feedback>).

Please follow the steps below:

- i. Company Representative to login using CorpPass via the Organisation Login
- ii. Click on 'My Feedback' (on the left side of the page)
- iii. Click on 'Submit New Feedback'
- iv. Select "Others" for type
- v. Select "Career Support Programme" for category
- vi. Type "**CSP Claim**" in subject title
- vii. Provide requisite information and supporting documents in the Feedback section as stated below

Employers are required to provide the requisite information and supporting documents below when submitting claims through WSG Feedback Portal:

1. Completed Claims Request Form [Annex A]
2. Completed Direct Credit Authorisation Form [Annex B] (*only applicable for employers who do not have existing vendor account with WSG*)
3. Payslips / Salary Records corresponding with the claim period with the following details:
 - a. Name of employee and NRIC Number
 - b. Monthly gross salary of at least \$4,000 (\$3,600 for SMEs)
4. On-The-Job (OJT) training (*For individuals commencing work prior 01 Sep 2017*)

WSG will verify the claim submission and liaise with employer on the necessary follow up, if any, upon receipt of the claim request. WSG will require 30 working days to verify the claims submission and processing of the claims payout.

Contact Information

Employers who wish to find out more on the claim status can contact WSG at Tel: 6883 5885 or make an enquiry through WSG feedback portal at <https://portal.ssg-wsg.gov.sg/feedback>.