



DECLARATION ON PROGRESSIVE WAGE MARK ELIGIBILITY

Tender no.

1. My firm [entity name], [UEN], hereby declares that my firm has:
 - a. read the information on the Sectoral Progressive Wages (“SPW”) and Occupational Progressive Wages (“OPW”) under the Progressive Wage Model as published on MOM’s website (at <https://www.mom.gov.sg/employment-practices/progressive-wage-model/what-is-pwm> and its related pages) on the wage schedules and job descriptions on the covered sectors and occupations; and
 - b. assessed whether my employees (who are Singapore Citizens or Permanent Residents) are covered under the prevailing SPW and OPW.

2. My firm hereby provides information on the employees covered by paragraph 1 above in the following table:

Sector	
For each of the sector shown below, to indicate:	
- “Yes” if the firm employs any <u>Singapore Citizen or Permanent Resident</u> ; or	
- “No” if the firm does not employ any <u>Singapore Citizen or Permanent Resident</u> .	
Cleaning (including in-house cleaners)	[Yes / No]
Security (including in-house security officers)	[Yes / No]
Landscape (including in-house landscape maintenance employees)	[Yes / No]
Lift and Escalator	[Yes / No]
Retail	[Yes / No]
Food Services	[Yes / No]
Waste Management	[Yes / No]
Occupation	
For each of the occupation shown below, to indicate:	
- “Yes” if the firm employs any <u>Singapore Citizen or Permanent Resident</u> ; or	
- “No” if the firm does not employ any <u>Singapore Citizen or Permanent Resident</u> .	
Administrators (i.e. administrative assistants, administrative executives, administrative supervisors)	[Yes / No]
Drivers (i.e. general drivers, specialised drivers)	[Yes / No]

3. I understand that if my firm has declared ‘Yes’ for any of the sector(s) or occupation(s) listed above, my firm is eligible for the PW Mark. My firm hereby undertakes to submit a copy of my firm’s PW Mark e-Certificate (or proof of pending application for PW Mark) to Jurong Town Corporation by [date].

ideally same representative who signed the Tender Offer

Name of Authorised Personnel

.....
Designation

.....
Signature

Date :
