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|--|---|
|  | <input type="checkbox"/> Security Interest <i>(Please specify Security Interest Reference No.)</i><br><input style="width: 100%;" type="text"/> |
|  | <input type="checkbox"/> Others <i>(Please specify)</i><br><input style="width: 100%;" type="text"/>  |

**PART 5 Contact Details\***

Note:  
a. Where an agent with UEN is appointed, the fields for "Agent UEN/ Company Code", "Agent Name" and "Address for Service in Singapore" should be completed. Where an individual or an agent without UEN is appointed, the sub-field "Representative or C/O Name" and "Address for Service in Singapore" should be completed instead.  
b. The official correspondence will be sent to the address for service in Singapore as indicated in this box, and must be the same as the one on our record.  
c. Please file Form CM1 if you are a different agent or Form CM2 if you have changed your address for service in Singapore.

|                         |   |
|-------------------------|---|
| Agent UEN/ Company Code | <input style="width: 100%;" type="text"/> |
| Agent Name              | <input style="width: 100%;" type="text"/> |

|                            |   |
|----------------------------|---|
| Representative or C/O Name | <input style="width: 100%;" type="text"/> |
|----------------------------|---|

|  |  |
|--|--|
|  | <b>Address for Service in Singapore</b><br>Block/ House No. <input style="width: 100%;" type="text"/><br>Street Name <input style="width: 100%;" type="text"/><br>Level - Unit <input style="width: 100%;" type="text"/> - <input style="width: 100%;" type="text"/><br>Building Name <input style="width: 100%;" type="text"/><br>Postal Code <input style="width: 100%;" type="text"/> |
|--|--|

|   |   |
|---|---|
| Contact Person <i>(if applicable)</i>       | <input style="width: 100%;" type="text"/> |
| Direct Telephone No. <i>(if applicable)</i> | <input style="width: 100%;" type="text"/> |
| Email Address <i>(if applicable)</i>        | <input style="width: 100%;" type="text"/> |

**PART 6 Declaration\***

Declaration

**By Person Filing the Form**

I, the undersigned, do hereby declare that :

- i. The delay in responding to the Registry was unintentional.
- ii. The information furnished above is true to the best of my knowledge. I understand that I may be liable for criminal prosecution for providing any false information in this application.

**By Agent**

I, the undersigned, do hereby declare that :

- i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form.
- ii. The delay in responding to the Registry was unintentional.
- iii. The information furnished above on behalf of the person(s) filing this form is true to the best of the person(s)' knowledge. I understand that I may be liable for criminal prosecution for providing any false information in this application.

Please note that any action from the applicant/ proprietor which is outstanding, must be completed together with this form.

Name

Signature

Date  
(DD/MM/YYYY)

|  |  |  |   |  |  |   |  |  |  |  |
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No. of Extra Sheets  
Attached to this Form

sheet(s)

| GST   | GST INFORMATION  |
|---|--|
| <b>Tax Invoice*</b>   |  |
| <p><i>Note:</i><br/> Tax invoice will be issued to the entity/individual as indicated. Goods and Services Tax (GST)-registered businesses may claim input tax with Inland Revenue Authority of Singapore (IRAS), subject to meeting the requirements under the GST Act.</p> |  |
| <p><b>Name</b> (Tax invoice to be issued to)</p>  | <p>The name of the requestor should be inserted in this field. If the requestor is also the applicant/proprietor on record, please insert the name of the applicant/proprietor (as in Part 3 of this form).</p> <div data-bbox="544 629 1358 745" style="border: 1px solid black; height: 50px; width: 100%;"></div> |