

PART 4 Due Date of Renewal*											
<p>State the Due Date of Renewal (DD/MM/YYYY)</p> <p>(Please cross one of the following)</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p><input type="checkbox"/> Application for renewal (Before the due date of renewal)</p> <p><input type="checkbox"/> Application for late renewal (Within 6 months after the due date of renewal)</p> <p><input type="checkbox"/> Application for restoration and renewal (6-12 months after the due date of renewal)</p>										
PART 5 Contact Details*											
<p><u>Note:</u></p> <p>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.</p> <p>b. For the purpose of renewal and/or restoration, the official correspondence will be sent to the address for service in Singapore as indicated below</p>											
<p>Agent UEN/ Company Code</p> <p>Agent Name</p>	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <input style="width: 100%; height: 20px;" type="text"/>										
<p>Representative or C/O Name</p>	<input style="width: 100%; height: 20px;" type="text"/>										
<p>Address for Service in Singapore</p> <p>Block/ House No.</p> <p>Street Name</p> <p>Level - Unit</p> <p>Building Name</p> <p>Postal Code</p>	<p><input style="width: 100%; height: 20px;" type="text"/></p> <p><input style="width: 100%; height: 20px;" type="text"/></p> <p><input style="width: 20%; height: 20px;" type="text"/> - <input style="width: 20%; height: 20px;" type="text"/></p> <p><input style="width: 100%; height: 20px;" type="text"/></p> <p><input style="width: 100%; height: 20px;" type="text"/></p>										
<p>Contact Person (if applicable)</p> <p>Direct Telephone No. (if applicable)</p> <p>Email Address (if applicable)</p>	<input style="width: 100%; height: 20px;" type="text"/> <table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <input style="width: 100%; height: 20px;" type="text"/>										

PART 6 Declaration*											
Declaration	<p><u>By Person Filing the Form</u></p> <p>I, the undersigned, do hereby declare that 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.</p> <p><u>By Agent</u></p> <p>I, the undersigned, do hereby declare that :</p> <p>i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form.</p> <p>ii. 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.</p>										
Name	<input style="width: 100%;" type="text"/>										
Signature	<input style="width: 100%; height: 40px;" type="text"/>										
Date (DD/MM/YYYY)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			/			/				
		/			/						
No. of Extra Sheets Attached to this Form	<input style="width: 100px;" type="text"/> sheet(s)										

GST	GST INFORMATION
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Tax Invoice*

Note:
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>Name (Tax invoice to be issued to)</p>	<p><i>The name of the Registered proprietor (as in PART 3 of this form) is to be indicated in this field.</i></p> <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>
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