

	<input type="checkbox"/> 4 th period of extension												
PART 6 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 in this box.</p>													
Agent UEN/ Company Code Agent Name	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Representative or C/O Name	<input type="text"/>												
	Address for Service in Singapore Block/ House No. <input type="text"/> Street Name <input type="text"/> Level - Unit <input type="text"/> - <input type="text"/> Building Name <input type="text"/> Postal Code <input type="text"/>												
Contact Person <i>(if applicable)</i> Direct Telephone No. <i>(if applicable)</i> Email Address <i>(if applicable)</i>	<input type="text"/> <input type="text"/> <input type="text"/>												
PART 7 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.</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.</p>												

<p>Name</p> <p>Signature</p> <p>Date (DD/MM/YYYY)</p>	<input data-bbox="552 165 1366 228" type="text"/> <input data-bbox="552 268 992 385" type="text"/> <input data-bbox="552 416 935 479" type="text"/>
<p>No. of Extra Sheets Attached to this Form</p>	<input data-bbox="552 528 750 591" type="text"/> sheet(s)

GST	GST INFORMATION
Tax Invoice*	
<p><u>Note:</u> 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>Name (Tax invoice to be issued to)</p>	<p>The name of the Registered Owner (as in PART 3 of this form) is to be indicated in this field.</p> <div data-bbox="544 622 1358 736" style="border: 1px solid black; height: 50px; margin-top: 20px;"></div>