

PART 4 Type of Requestor *

Type of Requestor
(Note: Cross one checkbox only.)

Applicant

Agent

Third Party

PART 5 Contact Details/Address for Service*

Note:
Please fill in your IPOS Digital Hub Account Address

UEN/Entity Code

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Agent/Representative Name

(if applicable)

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C/O Name
(if applicable)

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Address for Service in Singapore

Block No.

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Street Name

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Level No.

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Unit No.

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Building Name

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Additional Building Information

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Postal Code

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Contact Person

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Direct Telephone No.

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Email Address

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| PART 6 Declaration* | |
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| Declaration <i>(** delete where necessary)</i> | <p><u>By Person Filing the Form</u></p> <p>I do hereby declare that the information furnished on behalf of the assignor/assignee** 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 do hereby declare that:</p> <ol style="list-style-type: none"> i. I have been duly authorised to act as an agent/representative, for the purpose of this application, on behalf of the relevant parties. ii. The information furnished on behalf of the relevant parties 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. |
| Name Signature Date <i>(DD/MM/YYYY)</i> | <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 45px; width: 60%; margin-top: 10px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> |
| No. of Extra Sheets Attached to this Form | <div style="border: 1px solid black; width: 60px; height: 25px; display: inline-block;"></div> sheet(s) |

| ANNEX A Continuation Sheet for Part 3 | |
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| UEN/ Entity Code <i>(if applicable)</i> | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> |
| Name | <div style="border: 1px solid black; height: 45px; width: 100%;"></div> |
| Address | <p>Singapore Address</p> <p>Block No. <div style="display: flex; justify-content: space-between; margin-left: 20px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div></p> <p>Street Name <div style="border: 1px solid black; width: 80%; height: 25px; margin-left: 20px;"></div></p> <p>Level No. <div style="display: flex; justify-content: space-between; margin-left: 20px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div></p> <p>Unit No. <div style="display: flex; justify-content: space-between; margin-left: 20px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div></p> |

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| | Building Name <input type="text"/> Additional Building Information <input type="text"/> |
| | Postal Code <input type="text"/> |
| | Foreign Address Line 1 <input type="text"/> Line 2 <input type="text"/> Line 3 <input type="text"/> |
| Country/Region of Incorporation or Citizenship* State of Incorporation <i>(mandatory for USA corporations)</i> Country/Region of Residency <i>(mandatory for individuals)</i> Sole Proprietor's or Partners' Name(s) <i>(if sole proprietorship or partnership)</i> Email | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| GST | GST INFORMATION |
|---|----------------------|
| Details of Requestor | |
| <p><i>Note:</i> If the requestor(s) is/are the current proprietor or subsequent proprietor (as in Part 4 and 5 above), this part is to be left empty.</p> | |
| Name of Requestor <i>(if the requestor is not the assignor or assignee, please insert the name of the requestor)</i> | <input type="text"/> |

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| Local/Foreign Address | |
| <i>(to include block no., unit-level no., street name and postal code)</i> | |
| Country/Region of Incorporation <i>(mandatory for corporations)</i> | |
| State of Incorporation <i>(mandatory for USA corporations)</i> | |
| Country/Region of Residency <i>(mandatory for individuals)</i> | |

| 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> | |
| Name (Tax invoice to be issued to) | <p>The name of the requestor (as in Part 4 or Part 5 or "Name of Requestor" indicated in the above section on "GST Information") should be inserted in this field.</p> <div data-bbox="560 1115 1374 1227" style="border: 1px solid black; height: 50px; width: 100%;"></div> |