

	<input type="text"/>
	<input type="text"/>
PART 4 Name of Applicant/ Proprietor*	
<i>Note : If there is insufficient space, please use the continuation sheet CS 4.</i>	
UEN/ Company Code <i>(if applicable)</i>	<input type="text"/>
Name	<input type="text"/>
Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i>	<input type="text"/>
PART 5 Details of Grantor*	
<i>Note: If the grantor(s) is/are the applicant(s)/ proprietor(s) mentioned in part 4 above, this part is to be left empty. If there is insufficient space, please use the continuation sheet in CS 1.</i>	
UEN/ Company Code <i>(if applicable)</i>	<input type="text"/>
Name	<input type="text"/>
Address	<p>Singapore Address</p> <p>Block/ House No. <input type="text"/></p> <p>Street Name <input type="text"/></p> <p>Level - Unit <input type="text"/> - <input type="text"/></p> <p>Building Name <input type="text"/></p> <p>Postal Code <input type="text"/></p>
	<p>Foreign Address</p> <p>Line 1 <input type="text"/></p> <p>Line 2 <input type="text"/></p>

	Line 3 <input type="text"/>
Nationality or Country of Incorporation*	<input type="text"/>
State of Incorporation <i>(mandatory for USA corporations)</i>	<input type="text"/>
Country of Residency <i>(mandatory for individuals)</i>	<input type="text"/>
Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i>	<input type="text"/>
PART 6 Details of Grantee*	
<i>Note: If there is insufficient space, please use the continuation sheet in CS 1.</i>	
UEN/ Company Code <i>(if applicable)</i>	<input type="text"/>
Name	<input type="text"/>
Address	<p>Singapore Address</p> <p><input type="checkbox"/> This Singapore address is to be used as the address for service for the purposes of this form. <i>(Note: If this is crossed, it is not necessary to fill up the address for service in Singapore in part 8.)</i></p> <p>Block/ House No. <input type="text"/></p> <p>Street Name <input type="text"/></p> <p>Level - Unit <input type="text"/> - <input type="text"/></p> <p>Building Name <input type="text"/></p> <p>Postal Code <input type="text"/></p>
	<p>Foreign Address</p> <p>Line 1 <input type="text"/></p> <p>Line 2 <input type="text"/></p>

	Line 3	<input type="text"/>
Nationality or Country of Incorporation*	<input type="text"/>	
State of Incorporation <i>(mandatory for USA corporations)</i>	<input type="text"/>	
Country of Residency <i>(mandatory for individuals)</i>	<input type="text"/>	
Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i>	<input type="text"/>	
PART 7 Details of Security Interest to be Registered, Amended or Terminated*		
Details of Security Interest to be Registered, Amended or Terminated* <i>(e.g. instrument under which security interest is derived, effective date, fixed charge or floating charge)</i>	<input type="text"/>	
PART 8 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. The address for service in Singapore need not be filled up if the person's address in Part 6 is to be used as an address for service in Singapore.</p> <p>c. The official correspondence will be sent to the address for service in Singapore as indicated in this box.</p> <p>d. The information provided below is effective for all matters in respect of the security interest, including this application to register, amend or terminate a security interest.</p>		
Agent UEN/ Company Code	<input type="text"/>	
Agent Name	<input type="text"/>	
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"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Building Name	<input type="text"/>
Postal Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Contact Person <i>(if applicable)</i>	<input type="text"/>
Direct Telephone No. <i>(if applicable)</i>	<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"/>
Email Address <i>(if applicable)</i>	<input type="text"/>

PART 9 Validation/Supporting Documents*

Validation/Supporting Documents* <i>(Note: Cross only one checkbox)</i>	<input type="checkbox"/> This application is validated and signed by or on behalf of the grantor. <i>(If this checkbox is selected, please fill in Part 10 of this form)</i>
	<input type="checkbox"/> A copy of the documentary evidence establishing the transaction is attached.

PART 10 Grantor's Signature for Authorisation to Register/ Amend/ Terminate a Grant of Security Interest

Note: Fill in this part only if first checkbox of Part 9 is selected.

Name	<input type="text"/>
Signature of Grantor <i>(or his representative if so authorised)</i>	<input type="text"/>
Official Capacity of Signatory	<input type="text"/>
Date <i>(DD/MM/YYYY)</i>	<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"/>

PART 11 Declaration*

Declaration <i>(** delete where necessary)</i>	<p><u>By Person Filing the Application</u></p> <p>I, the undersigned, do hereby declare that the information furnished above on behalf of the grantor/grantee** 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 grantor/grantee**</p> <p>ii. The information furnished above on behalf of the grantor/grantee** is true to the best of the person(s)' knowledge.</p>
Name	<input type="text"/>

Signature	<input data-bbox="581 155 992 264" type="text"/>
Date (DD/MM/YYYY)	<input data-bbox="581 310 938 369" type="text"/>
No. of Extra Sheets Attached to this Form	<input data-bbox="581 401 768 459" type="text"/> sheet(s)

GST	GST INFORMATION
Details of Requestor	
<p><u>Note:</u> If the requestor(s) is/are the grantor or grantee (as in Part 5 and 6 above), this part is to be left empty.</p>	
<p>Name of Requestor <i>(If the requestor is not the grantor or grantee (as in Part 5 or 6 of the form), please insert the name of the requestor)</i></p>	<input data-bbox="581 468 1336 573" type="text"/>
<p>Local/Foreign Address <i>(to include block no, unit-level no., street name and postal code)</i></p>	<input data-bbox="581 657 1336 762" type="text"/>
<p>Country of Incorporation <i>(mandatory for corporations)</i></p>	<input data-bbox="581 825 1117 888" type="text"/>
<p>State of Incorporation <i>(mandatory for USA corporations)</i></p>	<input data-bbox="581 915 1336 1041" type="text"/>
<p>Country of Residency <i>(mandatory for individuals)</i></p>	<input data-bbox="581 1056 1117 1119" type="text"/>

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><i>The name of the requestor (as in Part 5 or 6 or "Name of Requestor" of this form) should be inserted in this field.</i></p> <input data-bbox="581 1455 1336 1560" type="text"/>