

<p>State of Incorporation <i>(mandatory for USA corporations)</i></p> <p>Country of Residency <i>(mandatory for individuals)</i></p> <p>Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i></p>	<div style="border: 1px solid black; height: 25px; width: 100%; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 25px; width: 100%; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 45px; width: 100%;"></div>
PART 6 Details of Grantee*	
<i>Note: If there is insufficient space, please use the continuation sheet in CS 1.</i>	
<p>UEN/ Company Code <i>(if applicable)</i></p> <p>Name</p>	<div style="border: 1px solid black; width: 100%; height: 25px; display: flex; justify-content: space-between;"> </div> <div style="border: 1px solid black; height: 45px; width: 100%; margin-top: 10px;"></div>
<p>Address</p>	<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. </p> <p>Street Name </p> <p>Level - Unit - </p> <p>Building Name </p> <p>Postal Code </p>
	<p>Foreign Address</p> <p>Line 1 </p> <p>Line 2 </p> <p>Line 3 </p>
<p>Nationality or Country of Incorporation*</p> <p>State of Incorporation <i>(mandatory for USA corporations)</i></p>	<div style="border: 1px solid black; height: 25px; width: 100%; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>

<p>Country of Residency <i>(mandatory for individuals)</i></p>	
<p>Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i></p>	

PART 7 Details of Security Interest to be Registered, Amended or Terminated*

<p>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></p>	
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PART 8 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 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.

c. The official correspondence will be sent to the address for service in Singapore as indicated in this box.

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</p>	
<p>Agent Name</p>	

<p>Representative or C/O Name</p>	
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	<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>
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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> <ol style="list-style-type: none"> i. I have been duly authorised to act as an agent on behalf of the grantor/grantee** ii. The information furnished above on behalf of the grantor/grantee** is true to the best of the person(s)' knowledge.
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Name	<input type="text"/>
Signature	<input type="text"/>

<p style="text-align: center;">Date (DD/MM/YYYY)</p>	<table border="1" style="width: 100%; height: 40px;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>												
<p>No. of Extra Sheets Attached to this Form</p>	<table border="1" style="width: 100%; height: 40px;"><tr><td style="width: 60%;"></td><td style="width: 40%;">sheet(s)</td></tr></table>		sheet(s)										
	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="550 443 1362 555" type="text"/>
<p>Local/Foreign Address <i>(to include block no, unit-level no., street name and postal code)</i></p>	<input data-bbox="550 645 1362 757" type="text"/>
<p>Country of Incorporation <i>(mandatory for corporations)</i></p>	<input data-bbox="550 824 1128 884" type="text"/>
<p>State of Incorporation <i>(mandatory for USA corporations)</i></p>	<input data-bbox="550 936 1362 1048" type="text"/>
<p>Country of Residency <i>(mandatory for individuals)</i></p>	<input data-bbox="550 1077 1128 1137" 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="550 1496 1362 1608" type="text"/>