

<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART 5 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 official correspondence will be sent to the address for service in Singapore as indicated in this box, and must be the same as the one on our record.
- c. Please file Form CM1 if you are a different agent or Form CM2 if you have changed your address for service in Singapore.

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

Email Address <i>(if applicable)</i>	<input 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> <ul style="list-style-type: none"> i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form. 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.
Name Signature Date <i>(DD/MM/YYYY)</i>	<input type="text"/> <input type="text"/> <input type="text"/>
No. of Extra Sheets Attached to this Form	<input type="text"/> sheet(s)