|  |  |
| --- | --- |
|  |  |

# Annex (A) – Additional Forms

## (1) Deputyship Appointment

|  |  |  |
| --- | --- | --- |
| **Particulars of Deputy #2** | | |
| **Name of Deputy** |  | |
| **Identification No.** |  | |
| **Relationship to P** |  | |
| **Powers Granted** | | |
| **Personal Welfare** | Jointly & Severally  Jointly  Solely | Others  N/A – No Powers Granted |
| **Property & Affairs** | Jointly & Severally  Jointly  Solely | Others  N/A – No Powers Granted |
| **Specific Powers** | Jointly & Severally  Jointly  Solely | Others  N/A – No Powers Granted |
| **Particulars of Deputy #3** | | |
| **Name of Deputy** |  | |
| **Identification No.** |  | |
| **Relationship to P** |  | |
| **Powers Granted** | | |
| **Personal Welfare** | Jointly & Severally  Jointly  Solely | Others  N/A – No Powers Granted |
| **Property & Affairs** | Jointly & Severally  Jointly  Solely | Others  N/A – No Powers Granted |
| **Specific Powers** | Jointly & Severally  Jointly  Solely | Others  N/A – No Powers Granted |
| **Particulars of Deputy #4** | | |
| **Name of Deputy** |  | |
| **Identification No.** |  | |
| **Relationship to P** |  | |
| **Powers Granted** | | |
| **Personal Welfare** | Jointly & Severally  Jointly  Solely | Others  N/A – No Powers Granted |
| **Property & Affairs** | Jointly & Severally  Jointly  Solely | Others  N/A – No Powers Granted |
| **Specific Powers** | Jointly & Severally  Jointly  Solely | Others  N/A – No Powers Granted |

# 2. Update of Deputy’s Particulars

|  |  |  |  |
| --- | --- | --- | --- |
| **Deputy #2** | | | |
| **Name of Deputy** |  | | |
| **NRIC/FIN NO.** | \_\_\_\_\_\_<last 4 digits> | | |
| **(A) Registered Address** | | | |
| **Postal Code** |  | **Block/ House No.** |  |
| **Street Name** |  | | |
| **Building Name** |  | | |
| **Floor No.** |  | **Unit No.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **(B) Correspondence Address** | | | |
| **Postal Code** |  | Block/ House No. |  |
| **Street Name** |  | | |
| **Building Name** |  | | |
| **Floor No.** |  | Unit No. |  |
| **Contact Details** | | | |
| **Mobile Number** |  | Residential Contact Number |  |
| **Office Contact Number** |  | | |
| **Email Address** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Deputy #3** | | | |
| **Name of Deputy** |  | | |
| **NRIC/FIN NO.** | \_\_\_\_\_\_<last 4 digits> | | |
| **(A) Registered Address** | | | |
| **Postal Code** |  | **Block/ House No.** |  |
| **Street Name** |  | | |
| **Building Name** |  | | |
| **Floor No.** |  | **Unit No.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **(B) Correspondence Address** | | | |
| **Postal Code** |  | Block/ House No. |  |
| **Street Name** |  | | |
| **Building Name** |  | | |
| **Floor No.** |  | Unit No. |  |
| **Contact Details** | | | |
| **Mobile Number** |  | Residential Contact Number |  |
| **Office Contact Number** |  | | |
| **Email Address** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Deputy #4** | | | |
| **Name of Deputy** |  | | |
| **NRIC/FIN NO.** | \_\_\_\_\_\_<last 4 digits> | | |
| **(A) Registered Address** | | | |
| **Postal Code** |  | **Block/ House No.** |  |
| **Street Name** |  | | |
| **Building Name** |  | | |
| **Floor No.** |  | **Unit No.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **(B) Correspondence Address** | | | |
| **Postal Code** |  | Block/ House No. |  |
| **Street Name** |  | | |
| **Building Name** |  | | |
| **Floor No.** |  | Unit No. |  |
| **Contact Details** | | | |
| **Mobile Number** |  | Residential Contact Number |  |
| **Office Contact Number** |  | | |
| **Email Address** |  | | |

## (3) P’s Bank Account(s)

|  |  |
| --- | --- |
| **Bank Account #2** | |
| **Bank Name** | |
| Citibank  DBS Bank  POSB  Hongkong and Shanghai Banking  Corporation (HSBC)  Oversea-Chinese Banking Corporation  Bank (OCBC) | Maybank  Standard Chartered Bank  United Overseas Bank  Others (please specify): |
| **Account No.** |  |
| **Account Name(s)** |  |
| **Balance as at start of reporting period** | **S$** |
| **Balance as at end of reporting period** | **S$** |
| **Bank Account #3** | |
| **Bank Name** | |
| Citibank  DBS Bank  POSB  Hongkong and Shanghai Banking  Corporation (HSBC)  Oversea-Chinese Banking Corporation  Bank (OCBC) | Maybank  Standard Chartered Bank  United Overseas Bank  Others (please specify): |
| **Account No.** |  |
| **Account Name(s)** |  |
| **Balance as at start of reporting period** | **S$** |
| **Balance as at end of reporting period** | **S$** |

|  |  |
| --- | --- |
| **Bank Account #4** | |
| **Bank Name** | |
| Citibank  DBS Bank  POSB  Hongkong and Shanghai Banking  Corporation (HSBC)  Oversea-Chinese Banking Corporation  Bank (OCBC) | Maybank  Standard Chartered Bank  United Overseas Bank  Others (please specify): |
| **Account No.** |  |
| **Account Name(s)** |  |
| **Balance as at start of reporting period** | **S$** |
| **Balance as at end of reporting period** | **S$** |
| **Bank Account #5** | |
| **Bank Name** | |
| Citibank  DBS Bank  POSB  Hongkong and Shanghai Banking  Corporation (HSBC)  Oversea-Chinese Banking Corporation  Bank (OCBC) | Maybank  Standard Chartered Bank  United Overseas Bank  Others (please specify): |
| **Account No.** |  |
| **Account Name(s)** |  |
| **Balance as at start of reporting period** | **S$** |
| **Balance as at end of reporting period** | **S$** |

Note:

* Please provide the available bank account(s) statements for the bank account(s) when you submit this report.

## (4) P’s Property(ies)

|  |  |  |
| --- | --- | --- |
| **P’s Property #2** | | |
| **Property Type** | | |
| HDB | Private Property  Overseas Property  Others (please specify): | |
| **Property value at end of reporting period** | **S$** | |
| **Property Address** |  | |
| **Percentage share of P's Property (%)** | **%** | |
| **Property was sold in this reporting period** | Yes | No |
| **P’s Property #3** | | |
| **Property Type** | | |
| HDB (1 room) | Private Property  Overseas Property  Others (please specify): | |
| **Property value at end of reporting period** | **S$** | |
| **Property Address** |  | |
| **Percentage share of P's Property (%)** | **%** | |
| **Property was sold in this reporting period** | Yes | No |

|  |  |  |
| --- | --- | --- |
| **P’s Property #4** | | |
| **Property Type** | | |
| HDB | Private Property  Overseas Property  Others (please specify): | |
| **Property value at end of reporting period** | **S$** | |
| **Property Address** |  | |
| **Percentage share of P's Property (%)** | **%** | |
| **Property was sold in this reporting period** | Yes | No |
| **P’s Property #5** | | |
| **Property Type** | | |
| HDB | Private Property  Overseas Property  Others (please specify): | |
| **Property value at end of reporting period** | **S$** | |
| **Property Address** |  | |
| **Percentage share of P's Property (%)** | **%** | |
| **Property was sold in this reporting period** | Yes | No |

Note:

* Please provide documents on ownership of property when you submit this report.

## (5) P’s Other Asset(s)

|  |  |
| --- | --- |
| **Other Asset #1** | |
| **Type of Asset** |  |
| **Asset Value** | **S$** |
| **Other Asset #2** | |
| **Type of Asset** |  |
| **Asset Value** | **S$** |
| **Other Asset #3** | |
| **Type of Asset** |  |
| **Asset Value** | **S$** |
| **Other Asset #4** | |
| **Type of Asset** |  |
| **Asset Value** | **S$** |

Note:

* Please provide documents on ownership of asset(s) when you submit this report.

## (6) P’s Rental Income(s)

|  |  |
| --- | --- |
| **Rental #2** | |
| **Property Type** |  |
| HDB | Private Property  Overseas Property  Others (please specify): |
| **Property Address** |  |
| **Monthly Rental Income** | **S$** |
| **Rental #3** | |
| **Property Type** |  |
| HDB | Private Property  Overseas Property  Others (please specify): |
| **Property Address** |  |
| **Monthly Rental Income** | **S$** |
| **Rental #4** | |
| **Property Type** |  |
| HDB | Private Property  Overseas Property  Others (please specify): |
| **Property Address** |  |
| **Monthly Rental Income** | **S$** |
| **Rental #5** | |
| **Property Type** |  |
| HDB | Private Property  Overseas Property  Others (please specify): |
| **Property Address** |  |
| **Monthly Rental Income** | **S$** |

Note:

* Please provide documents on ownership of asset(s) when you submit this report.

## (7) P’s Salary(ies)

|  |  |
| --- | --- |
| **Salary #1** | |
| **Name of Employer** |  |
| **Monthly Salary** | **S$** |
| **Salary #2** | |
| **Name of Employer** |  |
| **Monthly Salary** | **S$** |
| **Salary #3** | |
| **Name of Employer** |  |
| **Monthly Salary** | **S$** |
| **Salary #4** | |
| **Name of Employer** |  |
| **Monthly Salary** | **S$** |

Note:

* Please provide the salary slips or documents stating the salary amount when you submit this report.

## (8) P’s Other Sources of Income(s)

|  |  |
| --- | --- |
| **Other Source of Income #1** | |
| **Source of Income** |  |
| **Description** |  |
| **Monthly Amount** | **S$** |
| **Other Source of Income #2** | |
| **Source of Income** |  |
| **Description** |  |
| **Monthly Amount** | **S$** |
| **Other Source of Income #3** | |
| **Source of Income** |  |
| **Description** |  |
| **Monthly Amount** | **S$** |
| **Other Source of Income #4** | |
| **Source of Income** |  |
| **Description** |  |
| **Monthly Amount** | **S$** |

Note:

* Please provide documents stating the income amount when you submit this report.

## (9) P’s Insurance(s)

|  |  |
| --- | --- |
| **Insurance #2** | |
| **Insurance Company** |  |
| **Policy No.** |  |
| **Amount** | **S$** |
| **Payment Date** |  |
| **Insurance #3** | |
| **Insurance Company** |  |
| **Policy No.** |  |
| **Amount** | **S$** |
| **Payment Date** |  |
| **Insurance #4** | |
| **Insurance Company** |  |
| **Policy No.** |  |
| **Amount** | **S$** |
| **Payment Date** |  |
| **Insurance #5** | |
| **Insurance Company** |  |
| **Policy No.** |  |
| **Amount** | **S$** |
| **Payment Date** |  |

Note:

* Please provide the supporting documents stating the expected pay-out amounts when you submit this report.

## (10) P’s Government Support(s)

|  |  |  |
| --- | --- | --- |
| **Government Support #1** | | |
| **Type of Government Support** | | |
| DPS (Dependent Protection Scheme)  GST Voucher Pay-out | | Others (please specify): |
| **Amount** |  | |
| **Payment Date** |  | |
| **Government Support #2** | | |
| **Type of Government Support** | | |
| DPS (Dependent Protection Scheme)  GST Voucher Pay-out | | Others (please specify): |
| **Amount** |  | |
| **Payment Date** |  | |
| **Government Support #3** | | |
| **Type of Government Support** | | |
| DPS (Dependent Protection Scheme)  GST Voucher Pay-out | | Others (please specify): |
| **Amount** |  | |
| **Payment Date** |  | |
| **Government Support #4** | | |
| **Type of Government Support** | | |
| DPS (Dependent Protection Scheme)  GST Voucher Pay-out | | Others (please specify): |
| **Amount** |  | |
| **Payment Date** |  | |

Note:

* Please provide the relevant documents stating the type and amount of the Government Support when you submit this report.

## (11) P’s Compensation(s)

|  |  |  |
| --- | --- | --- |
| **Compensation #1** | | |
| **Payment Date** |  | |
| **Total Amount** | **S$** | |
| **Amount to be received at end of reporting period** | **S$** | |
| **Compensation #2** | | |
| **Payment Date** |  | |
| **Total Amount** | **S$** | |
| **Amount to be received at end of reporting period** | **S$** | |
| **Compensation #3** | | |
| **Payment Date** |  | |
| **Total Amount** | **S$** | |
| **Amount to be received at end of reporting period** | **S$** | |
| **Compensation #4** | | | |
| **Payment Date** | |  | |
| **Total Amount** | | **S$** | |
| **Amount to be received at end of reporting period** | | **S$** | |

Note:

* Please provide the supporting documents stating the expected pay-out amounts when you submit this report.

## (12) P’s Other Pay-out(s)

|  |  |
| --- | --- |
| **Other Pay-outs #1** | |
| **Type of Pay-out** |  |
| **Payment Date** |  |
| **Amount** | **S$** |
| **Other Pay-outs #2** | |
| **Type of Pay-out** |  |
| **Payment Date** |  |
| **Amount** | **S$** |
| **Other Pay-outs #3** | |
| **Type of Pay-out** |  |
| **Payment Date** |  |
| **Amount** | **S$** |
| **Other Pay-outs #4** | |
| **Type of Pay-out** |  |
| **Payment Date** |  |
| **Amount** | **S$** |

Note:

* Please provide the relevant documents stating expected pay-out amount(s) when you submit this report.

## (13) P’s Mortgage(s)

|  |  |
| --- | --- |
| **Mortgage #2** | |
| **Bank Name** | |
| Citibank  DBS Bank  POSB  Hongkong and Shanghai Banking  Corporation (HSBC)  Oversea-Chinese Banking Corporation  Bank (OCBC) | Maybank  Standard Chartered Bank  United Overseas Bank  Others (please specify): |
| **Monthly Repayment Amount** | **S$** |
| **Amount as at start of reporting period** | **S$** |
| **Amount as at end of reporting period** | **S$** |
| **Mortgage #3** | |
| **Bank Name** | |
| Citibank  DBS Bank  POSB  Hongkong and Shanghai Banking  Corporation (HSBC)  Oversea-Chinese Banking Corporation  Bank (OCBC) | Maybank  Standard Chartered Bank  United Overseas Bank  Others (please specify): |
| **Monthly Repayment Amount** | **S$** |
| **Amount as at start of reporting period** | **S$** |
| **Amount as at end of reporting period** | **S$** |
| **Mortgage #4** | |
| **Bank Name** | |
| Citibank  DBS Bank  POSB  Hongkong and Shanghai Banking  Corporation (HSBC)  Oversea-Chinese Banking Corporation  Bank (OCBC) | Maybank  Standard Chartered Bank  United Overseas Bank  Others (please specify): |
| **Monthly Repayment Amount** | **S$** |
| **Amount as at start of reporting period** | **S$** |
| **Amount as at end of reporting period** | **S$** |
| **Mortgage #5** | |
| **Bank Name** | |
| Citibank  DBS Bank  POSB  Hongkong and Shanghai Banking  Corporation (HSBC)  Oversea-Chinese Banking Corporation  Bank (OCBC) | Maybank  Standard Chartered Bank  United Overseas Bank  Others (please specify): |
| **Monthly Repayment Amount** | **S$** |
| **Amount as at start of reporting period** | **S$** |
| **Amount as at end of reporting period** | **S$** |

Note:

* Please provide the relevant documents stating the outstanding amount of the mortgage(s) when you submit this report.

## (14) P’s Bank Loan(s)

|  |  |
| --- | --- |
| **Bank Loan #1** | |
| **Bank Name** | |
| Citibank  DBS Bank  POSB  Hongkong and Shanghai Banking  Corporation (HSBC)  Oversea-Chinese Banking Corporation  Bank (OCBC) | Maybank  Standard Chartered Bank  United Overseas Bank  Others (please specify): |
| **Purpose of Loan** |  |
| **Monthly Repayment Amount** | **S$** |
| **Amount as at start of reporting period** | **S$** |
| **Amount as at end of reporting period** | **S$** |
| **Bank Loan #2** | |
| **Bank Name** | |
| Citibank  DBS Bank  POSB  Hongkong and Shanghai Banking  Corporation (HSBC)  Oversea-Chinese Banking Corporation  Bank (OCBC) | Maybank  Standard Chartered Bank  United Overseas Bank  Others (please specify): |
| **Purpose of Loan** |  |
| **Monthly Repayment Amount** | **S$** |
| **Amount as at start of reporting period** | **S$** |
| **Amount as at end of reporting period** | **S$** |
| **Bank Loan #3** | |
| **Bank Name** | |
| Citibank  DBS Bank  POSB  Hongkong and Shanghai Banking  Corporation (HSBC)  Oversea-Chinese Banking Corporation  Bank (OCBC) | Maybank  Standard Chartered Bank  United Overseas Bank  Others (please specify): |
| **Purpose of Loan** |  |
| **Monthly Repayment Amount** | **S$** |
| **Amount as at start of reporting period** | **S$** |
| **Amount as at end of reporting period** | **S$** |
| **Bank Loan #4** | |
| **Bank Name** | |
| Citibank  DBS Bank  POSB  Hongkong and Shanghai Banking  Corporation (HSBC)  Oversea-Chinese Banking Corporation  Bank (OCBC) | Maybank  Standard Chartered Bank  United Overseas Bank  Others (please specify): |
| **Purpose of Loan** |  |
| **Monthly Repayment Amount** | **S$** |
| **Amount as at start of reporting period** | **S$** |
| **Amount as at end of reporting period** | **S$** |

Note:

* Please provide the relevant documents stating the outstanding amount of the bank loan(s) when you submit this report.

## (15) P’s Credit Card Debt(s)

|  |  |
| --- | --- |
| **Credit Card Debt #1** | |
| **Bank Name** | |
| Citibank  DBS Bank  POSB  Hongkong and Shanghai Banking  Corporation (HSBC)  Oversea-Chinese Banking Corporation  Bank (OCBC) | Maybank  Standard Chartered Bank  United Overseas Bank  Others (please specify): |
| **Amount as at start of reporting period** | **S$** |
| **Amount as at end of reporting period** | **S$** |
| **Credit Card Debt #2** | |
| **Bank Name** | |
| Citibank  DBS Bank  POSB  Hongkong and Shanghai Banking  Corporation (HSBC)  Oversea-Chinese Banking Corporation  Bank (OCBC) | Maybank  Standard Chartered Bank  United Overseas Bank  Others (please specify): |
| **Amount as at start of reporting period** | **S$** |
| **Amount as at end of reporting period** | **S$** |
| **Credit Card Debt #3** | |
| **Bank Name** | |
| Citibank  DBS Bank  POSB  Hongkong and Shanghai Banking  Corporation (HSBC)  Oversea-Chinese Banking Corporation  Bank (OCBC) | Maybank  Standard Chartered Bank  United Overseas Bank  Others (please specify): |
| **Amount as at start of reporting period** | **S$** |
| **Amount as at end of reporting period** | **S$** |
| **Credit Card Debt #4** | |
| **Bank Name** | |
| Citibank  DBS Bank  POSB  Hongkong and Shanghai Banking  Corporation (HSBC)  Oversea-Chinese Banking Corporation  Bank (OCBC) | Maybank  Standard Chartered Bank  United Overseas Bank  Others (please specify): |
| **Amount as at start of reporting period** | **S$** |
| **Amount as at end of reporting period** | **S$** |

Note:

* Please provide the relevant documents stating the outstanding amount of the credit card debt(s) when you submit this report.

## (16) P’s Other Debt(s)

|  |  |
| --- | --- |
| **Other Debt #1** | |
| **Type of Debt** |  |
| **Creditor** |  |
| **Amount** | **S$** |
| **Other Debt #2** | |
| **Type of Debt** |  |
| **Creditor** |  |
| **Amount** | **S$** |
| **Other Debt #3** | |
| **Type of Debt** |  |
| **Creditor** |  |
| **Amount** | **S$** |
| **Other Debt #4** | |
| **Type of Debt** |  |
| **Creditor** |  |
| **Amount** | **S$** |

Note:

* Please provide the relevant documents stating the outstanding amount when you submit this report.

## (17) Monies Received

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Categories**  Please insert a category from below for each of the entry(ies). | | | | | | |
| 1. Rental/Property Sales 2. Salary/Pension 3. Compensation | | | 1. Insurance 2. Government Support 3. Income from Investments | | 1. CPF 2. Others | |
| **S/N** | **Category** | **Description** | | **Amount** | | **Received Date** |
| 1 |  |  | |  | |  |
| 2 |  |  | |  | |  |
| 3 |  |  | |  | |  |
| 4 |  |  | |  | |  |
| 5 |  |  | |  | |  |
| 6 |  |  | |  | |  |
| 7 |  |  | |  | |  |
| 8 |  |  | |  | |  |
| 9 |  |  | |  | |  |
| 10 |  |  | |  | |  |
| **[A] Total Monies Received during Reporting Period** | | | | **S$** | |  |

Note:

* Please provide the relevant documents for each of the monies received entry(ies) above when you submit this report.

## (18) Monies Spent on P

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Categories**  Please insert a category from below for each of the entry(ies). | | | | | |
| 1. Food & Sundries | | 1. FDW Salary & Levy 2. Nursing Home Fees | 1. Professional Fees 2. Loan Repayment 3. Others | | |
| **S/N** | **Category** | **Description** | | **Amount** | **Spent Date** |
| 1 |  |  | |  |  |
| 2 |  |  | |  |  |
| 3 |  |  | |  |  |
| 4 |  |  | |  |  |
| 5 |  |  | |  |  |
| 6 |  |  | |  |  |
| 7 |  |  | |  |  |
| 8 |  |  | |  |  |
| 9 |  |  | |  |  |
| 10 |  |  | |  |  |
| **[A] Total Monies Spent on P during Reporting Period** | | | | **S$** |  |

Note:

* Please provide the relevant documents for each of the monies spent on P entry(ies) above.

## (19) Deputy(ies) Declaration

|  |
| --- |
| I/We declare that I/we have carried out our duties as a Deputy in accordance with the requirements of the Mental Capacity Act, Mental Capacity Regulations and the Code of Practice. |
| I/We confirm that I/we have taken all practicable steps to discuss with all other Deputies regarding the information given in this report and they have given their consent, agreement and/or approval for the submission of this report. |
| I/We confirm that the statements and information I/we have given in this report are true and correct to the best of our knowledge, information and belief. The documents submitted along with this report are true and genuine based on the documents and/or information in our possession, custody and control. I/We are aware of the provisions of the Oath and Declaration Act 2000 and that I/We shall be subject to the penalties provided by that Act for the making of false statements in the statutory declarations. |

|  |  |
| --- | --- |
| **Signature of 3rd Deputy** | **Signature of 4th Deputy (if applicable)** |
|  |  |
| **Name** | **Name** |
|  |  |
| **Date** | **Date** |
|  |  |

**Important Note:**  
To be duly completed and signed by ALL deputies. Incomplete report will be rejected.