

APPLICATION FOR OFFICIAL ASSIGNEE'S PERMISSION TO LEAVE SINGAPORE

(This form will take about 10 minutes to complete)

PARTICULARS OF APP	LICANT		
Name:			
Bankruptcy No.:	ID No.:	Nationality:	
Correspondence Address: _			
Contact No.:	Fax No.:	E-mail:	
PARTICULARS OF PAS	SPORT		
Passport No.:	Date Of Expiry	:	
Issued On:	Issued At:		
REASON FOR APPLICA	TION		
Employment Name and address of Emplo			
Social Visit Particulars of the person who	o will bear the costs of yo	ur trip:	
Name:	ID No.:	Relationship to you:	
Compassionate G	rounds (Please provide de	etails):	
Note: If you need to travel on	compassionate grounds,	please submit supporting documents.	
Others (Please pro	ovide details):		
		e submit a letter from your doctor on you ts of your medical treatment abroad.	r illness
DURATION OF PERMIT			
From Date:	Т	o Date:	
DESTINATION (Please st	ate specific countries)		
UNDERTAKING			
If permission is granted, I he a) to return to Singapor b) not to incur liabilities	e upon or before the expir	ry of the permission; and	
	<u>Declarat</u>	<u>ion</u>	
I certify that the	above information is tru	e and to the best of my knowledge.	
Signature of Bankrupt:		Date:	