

FORM E5A



INLAND REVENUE
AUTHORITY
OF SINGAPORE

Commissioner of Stamp Duties
55 Newton Road, Revenue House
Singapore 307987

REQUISITION FORM FOR
TRUST

This form may take you 10 minutes to fill in.

Please get ready the following information to fill in the form: -

- a) the document that you are paying Stamp Duty on;
- b) particulars of the parties involved and any other details related to the document.

Please complete this Form in BLOCK letters.

Fields that are marked with * are mandatory.

FOR OFFICIAL USE	Document Ref No.	
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Getting Started	
Applicant's Name*	
Applicant's Email Address*	
Applicant's Contact No.*	+65
File Ref No. (optional)	
Document Description/ Title	Declaration of Trust

Document Details		
Format of Document* (Select "Physical" or "Electronic")	<input type="checkbox"/> Physical	<input type="checkbox"/> Electronic (Select one of the Mode of Offer and Acceptance if it is "Electronic")
	Mode of Offer* (Select one)	
	<input type="checkbox"/> Email	<input type="checkbox"/> Messaging Service (e.g. SMS, WhatsApp)
	<input type="checkbox"/> Website/ Portal	<input type="checkbox"/> Physical
	<input type="checkbox"/> Verbal	
	<input type="checkbox"/> Others (If Others, please specify)*	
	Mode of Acceptance* (Select one)	
	<input type="checkbox"/> Email	<input type="checkbox"/> Messaging Service (e.g. SMS, WhatsApp)
	<input type="checkbox"/> Website/ Portal	<input type="checkbox"/> Physical
	<input type="checkbox"/> Others (If Others, please specify)*	
Document signed in* (Select "Singapore" or "Overseas")		
<input type="checkbox"/> Singapore	<input type="checkbox"/> Overseas	
Date of Document* (DD/MM/YYYY)		Received Date of Document in Singapore (DD/MM/YYYY)* (Mandatory if "Document signed in" is "Overseas")
<input type="checkbox"/> Date of Document is unavailable (Date of Document and/ or Received Date of Document in Singapore is not required on tick of field)		

Relationship between Trustee and Beneficiary* (Select one)	
<input type="checkbox"/> Company and Nominee	<input type="checkbox"/> Family/ Relatives (excluding Parent-Child, Spouse and Sibling)
<input type="checkbox"/> Parent and Child	<input type="checkbox"/> Sibling
<input type="checkbox"/> Spouse	<input type="checkbox"/> Trustee/ Member of Association/ Society/ Organisation
<input type="checkbox"/> Others (If Others, please specify)*	
Reasons* (You may select more than one.)	
<input type="checkbox"/> Beneficiary is a minor	<input type="checkbox"/> Beneficiary is not a legal entity
<input type="checkbox"/> Estate planning	<input type="checkbox"/> Pursuant to nominee arrangement
<input type="checkbox"/> Others (If Others, please specify)*	

Trustee Details#			
Profile*	<input type="checkbox"/> Singapore Citizen	NRIC	
	<input type="checkbox"/> Singapore PR	NRIC	
	<input type="checkbox"/> Foreigner	Identity Type	<input type="checkbox"/> FIN <input type="checkbox"/> PASSPORT <input type="checkbox"/> OTHERS
	Identity No.*		
	<input type="checkbox"/> Entity	Identity Type	<input type="checkbox"/> UEN-LOCAL CO <input type="checkbox"/> UEN-BUSINESS <input type="checkbox"/> UEN-OTHERS <input type="checkbox"/> OTHERS
	Identity No.*		
Name*			
Email Address*			
Mobile/ Contact No.*	+65		
	(Note: Enter Mobile No. if Profile selected is Singapore Citizen, Singapore PR or Foreigner)		

For entity/ individual with a foreign identification number, please enter the following details.			
Gender* (Not applicable if Profile is Entity)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth* (DD/MM/YYYY)	(Not applicable if Profile is Entity)
Mailing Address* (Select "Singapore" or "Other")			
<input type="checkbox"/> Singapore	Postal Code*	Blk/ House No.* (Enter if postal code consists of multiple blocks)	
	Level-Unit	#	-
<input type="checkbox"/> Other (for Foreign or PO Box Address)	Country*		
	Address Line 1*		
	Address Line 2*		
	Address Line 3		
	Address Line 4		

Beneficiary Details# (Fill in "Unidentifiable Beneficiary Details" section if the beneficiary is unidentifiable)			
Profile*	<input type="checkbox"/> Singapore Citizen	NRIC	
	<input type="checkbox"/> Singapore PR	NRIC	
	<input type="checkbox"/> Foreigner	Identity Type	<input type="checkbox"/> FIN <input type="checkbox"/> PASSPORT <input type="checkbox"/> OTHERS
	Identity No.*		
	<input type="checkbox"/> Entity	Identity Type	<input type="checkbox"/> UEN-LOCAL CO <input type="checkbox"/> UEN-BUSINESS <input type="checkbox"/> UEN-OTHERS <input type="checkbox"/> OTHERS
	Identity No.*		
Name*			
Email Address*			
Mobile/ Contact No.*	+65		
	(Note: Enter Mobile No. if Profile selected is Singapore Citizen, Singapore PR or Foreigner)		

For entity/ individual with a foreign identification number, please enter the following details.			
Gender* (Not applicable if Profile is Entity)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth* (DD/MM/YYYY)	(Not applicable if Profile is Entity)
Mailing Address* (Select "Singapore" or "Other")			
<input type="checkbox"/> Singapore	Postal Code*	Blk/ House No.* (Enter if postal code consists of multiple blocks)	
	Level-Unit	#	-
<input type="checkbox"/> Other (for Foreign or PO Box Address)	Country*		
	Address Line 1*		
	Address Line 2*		
	Address Line 3		
	Address Line 4		

Unidentifiable Beneficiary Details# (To fill in only if the beneficiary is unidentifiable.)			
Profile	Entity (Profile is fixed as 'Entity' for record purposes)		
Identity Type	OTHERS	Identity No.	00000
Name*	UNIDENTIFIABLE BENEFICIARY – (To fill in Unidentifiable Beneficiary No.)		
Description			

Assets Details#			
Property Details#			
Postal Code*		Blk/ House No.* (Enter if postal code consists of multiple blocks)	
Level-Unit	#	-	

Land Details# (Fill in land details ONLY if the transaction involves land)			
MK/ TS*	<input type="checkbox"/> MK <input type="checkbox"/> TS	MK/ TS No.*	
Street Name			
Lot No.*		Plot/ Parcel No.	

Stock & Shares Details#	
Entity ID Type*	<input type="checkbox"/> UEN-LOCAL CO <input type="checkbox"/> UEN-BUSINESS <input type="checkbox"/> UEN-OTHERS <input type="checkbox"/> VCC SUB-FUND NO. <input type="checkbox"/> OTHERS
Entity No.*	
Company Name*	
No. of Stock/ Shares*	
Date Asset First Acquired for Beneficiary* (DD/MM/YYYY)	

Declaration		
Please review the entered information before submitting. Errors in your submission will affect the stamp duty assessment and subsequent amendment may take up to 30 days for review.		
I declare that		
<ul style="list-style-type: none"> The information given in this transaction, is true and complete. This instrument qualifies for the relevant remission applied for (if applicable). I understand that penalties may be imposed for the submission of an incorrect instrument and / or provision of false information to the Commissioner of Stamp Duties, which may include a fine and / or imprisonment term, where applicable. 		
_____ Signature	_____ Name of Signatory	_____ Date