

**HOUSE NUMBERING UNIT**  
 The Comptroller of Property Tax  
 Inland Revenue Authority of Singapore  
 55 Newton Road Revenue House  
 Singapore 307987  
 Tel :- 63512464 or 63512461  
 Fax :- 63512455

# APPLICATION FOR ADDITIONAL UNIT NUMBER



INLAND REVENUE  
 AUTHORITY  
 OF SINGAPORE

The Property Tax Act ( Cap.254 ) Section 51

## SECTION A : Necessary Documents to be Enclosed

This form may take you about 10 mins to fill in. You will need the following information to fill in the form

- (1) ROB/ROC/NRIC/PASSPORT No. of Owner of Unit and Owner of the Land:
- (2) Land Description and Property Tax Account No:

To help us to process your form, we need you to attach the following:

- (1) ONE copy of Existing Floor Plan marked with unit numbers originally assigned by IRAS
- (2) TWO sets of Floor Plan indicating the proposed renumbering

## SECTION B : Particulars of Building

Building Address				Postal Code	
Property Tax Account No.	<input style="width: 100%;" type="text"/>				
Number of Units to be Renumbered :-	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Number of Unit after Renumbering :-	<input style="width: 20px;" type="text"/>
Reasons for Subdivision :-	<input style="width: 100%;" type="text"/>				

## SECTION C : Particulars of Land

MK or TS	<input style="width: 30px;" type="text"/>	MK / TS No.	<input style="width: 30px;" type="text"/>	Lot No.	<input style="width: 100px;" type="text"/>	Plot/Part/Parcel No. (if any)	<input style="width: 100px;" type="text"/>
Property Tax Account No.	<input style="width: 100%;" type="text"/>						

## SECTION D : Particulars of Owner of Units

NAME of OWNER (if units are owned by two or more owners, provide name of <u>any ONE</u> owner )	<input style="width: 100%;" type="text"/>
* ROB / ROC / NRIC / PASSPORT No.	<input style="width: 100%;" type="text"/>
* Business / Residential Address	<input style="width: 100%;" type="text"/>

## SECTION E : Particulars of Owner of Land ( if different from Section D )

NAME of OWNER (if land is owned by two or more owners, provide name of <u>any ONE</u> owner )	<input style="width: 100%;" type="text"/>
* ROB / ROC / NRIC / PASSPORT No.	<input style="width: 100%;" type="text"/>
* Business / Residential Address	<input style="width: 100%;" type="text"/>

## SECTION F : Person to Contact when Clarification is Required

NAME AND SIGNATURE		DESIGNATION AND NAME OF COMPANY	
<input style="width: 100%; height: 100%;" type="text"/>		DATE OF APPLICATION	
TELEPHONE NUMBER	FAX NUMBER		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		

\* Delete where not applicable

## SECTION G : Applicant's Address

Name of Applicant

Applicant's Address

## SECTION H : Details of Renumbering

Note :- Please attach separate sheet if space provided is insufficient

Property Tax Account No.

Property Tax Account No.

Existing Storey - Unit No.

Existing Floor Area

Existing Storey - Unit No.

Existing Floor Area

Existing Storey - Unit No.

Existing Storey - Unit No.

Proposed Storey - Unit No.

New Floor Area

Proposed Storey - Unit No.

New Floor Area

Property Tax Account No.

Property Tax Account No.

Existing Storey - Unit No.

Existing Floor Area

Existing Storey - Unit No.

Existing Floor Area

Existing Storey - Unit No.

Existing Storey - Unit No.

Proposed Storey - Unit No.

New Floor Area

Proposed Storey - Unit No.

New Floor Area

Please ensure information required is correct and complete before returning the form