

## Workshop Reply Slip (e-Submission of Employment Income)

Attention: Auto-Inclusion Team  
Electronic Interface Branch  
Accounting & Processing Division

- Please fax this form to **6351-3302**.
- Tick applicable box and delete where appropriate\*.
- This form may take you 5 minutes to complete.

### Important Notes

- Each organisation is limited to **2** participants.
- Seats will be allocated on a first come, first served basis
- A confirmation email with workshop details will be sent to you at least 3 working days before your selected workshop date
- Venue: 55 Newton Road, Revenue House  
Atrium Lounge, #01-03

Name of Organisation: \_\_\_\_\_

Unique Entity Number (UEN) : \_\_\_\_\_

1. We will attend the workshop on

Date	Time

2. Details of person(s) attending the workshop (Complete all details)

Details	Attendee 1	Attendee 2
Name (Mr/Mrs/Mdm/Ms*)		
NRIC Number		
Designation		
Contact Number		
Email Address^		

**^It is necessary to provide Email Address in order for you to receive the confirmation email with the workshop details. You will not receive any return confirmation if no email address is provided.**

\_\_\_\_\_  
Name of person completing this form, Signature and Date