



INLAND REVENUE
AUTHORITY
OF SINGAPORE

IR 282/HA/4

COMPTROLLER OF PROPERTY TAX
55 NEWTON RD
REVENUE HOUSE
SINGAPORE 307987

DECLARATION

I declare that:

- a) *I have *not/have been convicted in a court of law in any country*
- b) *I have *not/have been adjudicated a bankrupt.*
- c) *I am/am not an undischarged bankrupt.*
- d) *I am/am not a sole-proprietor/director/partner of an existing licensed housing agency.*

Name of Licensed Company/Business: _____

Licence No: _____

- e) *I am/am not a shareholder of any licensed housing agency.*

Name of Licensed Company/Business: _____

Number and percentage of shares held: _____

I certify that this statement is correct in all material particulars.

Signature

Name and I/C no.

Designation

Date

Note: *Each partner/director has to submit one declaration of this format.*

** If yes, please give details.*



LETTER OF UNDERTAKING

I _____ (NRIC No: _____) as licensee, undertake to the following requirements.

- a) to be responsible for the management and operation of the subject business/company for so long as I am a director/ sole-proprietor/partner of which the house agent's licence has been granted. In the event that I find that I am unable to discharge this responsibility, the requisite licence will be surrendered to the IRAS.
- b) to be the major shareholder of the subject company i.e. holding more than 50% of the issued shares in the company.
- c) I shall keep IRAS informed if there are any changes to the structure of the directorship or shareholding, failing which I undertake to surrender the licence to the IRAS.

Signature

Date

We/I, the undersigned have fully agreed to the above undertaking given by the Licensee.

(Name and I/C No)

(Name and I/C No)

(Name and I/C No)

Signature/Date

Signature/Date

Signature/Date

(Name and I/C No)

(Name and I/C No)

(Name and I/C No)

Signature/Date

Signature/Date

Signature/Date



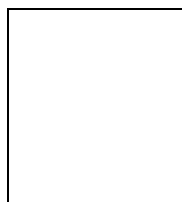
INLAND REVENUE
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IR 282/HA/1

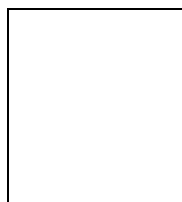
PARTICULARS OF DIRECTORS, PARTNERS AND SOLE-PROPRIETOR

Full name and aliases Surname to be underlined	Sex	Qualification (Academic/ Professional)	Nationality	Designation/ Principal Duties	NRIC No/ FIN No / Passport No	Date of Birth	Residential Address
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

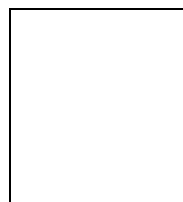
Please paste below the corresponding recent passport size photograph of each person listed above.



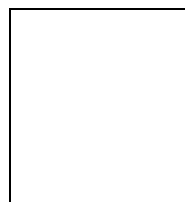
(1)



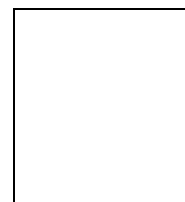
(2)



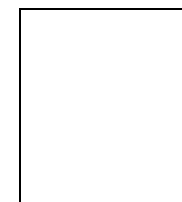
(3)



(4)



(5)



(6)

Are you a member of *IEA/SISV? YES/NO	Name of Company/Business		
	Name of Applicant		Signature
	*Yes/Membership No: _____	Designation	
		Date	

IR 282/HA/2



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QUALIFICATION AND WORKING EXPERIENCE OF DIRECTOR, PARTNER AND SOLE-PROPRIETOR

Qualification/Course		Employment History				
Name of Director/ Partner/Sole-proprietor	Qualification/ Course Attended*	Name & Address of Organisation	Period		Position Held	Duties and Responsibilities
			From	To		

*Copies of SISV/ASR/CEHA Certificates must be attached.
The SISV/ASR Certificates must be "certified true copy" by the concerned Institution/Association.