

**FORM E1E**  
**REQUISITION FORM FOR**  
**SALE & PURCHASE**



INLAND REVENUE  
AUTHORITY  
OF SINGAPORE

**Nature of Transaction: Sale/ Disposal**  
**Document Description/ Title: Letter of Authority/  
Conveyance Direction**

This form may take you 15 minutes to fill in.

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

- the document that you are paying Stamp Duty on;
- 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.

<b>FOR OFFICIAL USE</b>	<b>Document Ref No.</b>	
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**Getting Started**

<b>Applicant's Name*</b>	
<b>Applicant's Email Address*</b>	
<b>Applicant's Contact No.*</b>	+65
<b>File Ref No. (optional)</b>	
<b>Nature of Transaction</b>	Sale/ Disposal
<b>Document Description/ Title*</b>	Letter of Authority/ Conveyance Direction

**Retrieve Stamping Record**

Please ensure the contract or agreement prior to the Conveyance Direction is duly stamped before stamping of the Conveyance Direction. To proceed, please retrieve the stamping record of the contract or agreement.

Document Ref No. \* \_\_\_\_\_

**Document Details**

<b>Format of Document*</b> (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")	
		<b>Mode of Offer*</b> (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)*	
		<b>Mode of Acceptance*</b> (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)*	
<b>Document signed in*</b> (Select "Singapore" or "Overseas")		<input type="checkbox"/> Singapore	<input type="checkbox"/> Overseas
<b>Date of Document (Date of Sale/ Disposal)*</b> (DD/MM/YYYY)		<b>Received Date of Document in Singapore</b> (DD/MM/YYYY)* (Mandatory if "Document signed in" is "Overseas")	
<b>Date of Purchase/ Acquisition*</b> (DD/MM/YYYY)			
<b>Any consideration paid for the transaction?*</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		If YES, specify the amount of consideration (S\$)*	
<b>Initial Intent of Purchase/ Transfer</b>		<input type="checkbox"/> To hold the property in trust for the beneficial owner	

(Where applicable, reference from the stamped contract or agreement prior to the Conveyance Direction)	<input type="checkbox"/> To transfer the property via conveyance direction to another person or entity
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**Transferor/ Initial Purchaser Details<sup>#</sup>**

- Prefill with the Buyer/ Transferee (Trustee) or Beneficiary of the retrieved stamping record.
- At least one of the Buyer/ Transferee (Trustee) or Beneficiary from the retrieved stamping record remains as the Transferor/ Initial Purchaser.

<b>Profile*</b>	<input type="checkbox"/> Singapore Citizen	<b>NRIC</b>	
	<input type="checkbox"/> Singapore PR	<b>NRIC</b>	
	<input type="checkbox"/> Foreigner	<b>Identity Type</b>	<input type="checkbox"/> FIN <input type="checkbox"/> PASSPORT <input type="checkbox"/> OTHERS
	<b>Identity No.*</b>		
	<input type="checkbox"/> Entity	<b>Identity Type</b>	<input type="checkbox"/> UEN-LOCAL CO <input type="checkbox"/> UEN-BUSINESS <input type="checkbox"/> UEN-OTHERS <input type="checkbox"/> OTHERS
	<b>Identity No.*</b>		
<b>Name*</b>			

<b>Profile*</b>	<input type="checkbox"/> Singapore Citizen	<b>NRIC</b>	
	<input type="checkbox"/> Singapore PR	<b>NRIC</b>	
	<input type="checkbox"/> Foreigner	<b>Identity Type</b>	<input type="checkbox"/> FIN <input type="checkbox"/> PASSPORT <input type="checkbox"/> OTHERS
	<b>Identity No.*</b>		
	<input type="checkbox"/> Entity	<b>Identity Type</b>	<input type="checkbox"/> UEN-LOCAL CO <input type="checkbox"/> UEN-BUSINESS <input type="checkbox"/> UEN-OTHERS <input type="checkbox"/> OTHERS
	<b>Identity No.*</b>		
<b>Name*</b>			

Transferee Details <sup>#</sup>				
<b>Profile*</b>	<input type="checkbox"/> Singapore Citizen		<b>NRIC</b>	
	<input type="checkbox"/> Singapore PR		<b>NRIC</b>	
	<input type="checkbox"/> Foreigner	<b>Identity Type</b>	<input type="checkbox"/> FIN <input type="checkbox"/> PASSPORT <input type="checkbox"/> OTHERS	
	<b>Identity No.*</b>			
	<input type="checkbox"/> Entity	<b>Identity Type</b>	<input type="checkbox"/> UEN-LOCAL CO <input type="checkbox"/> UEN-BUSINESS <input type="checkbox"/> UEN-OTHERS <input type="checkbox"/> OTHERS	
	<b>Identity No.*</b>			
<b>Name*</b>				
<b>Email Address*</b>				
<b>Mobile/ Contact No.*</b>	+65			
	(Note: For Singapore Citizen, Singapore PR and Foreigner to fill in Mobile No.)			
<b>Relationship to the Transferor/ Initial Purchaser*</b> (Select one)				
<ul style="list-style-type: none"> <li>Applicable if the Transferor/ Initial Purchaser and Transferee are individuals</li> </ul>				
<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> None of the above			1st Transferor/ Initial Purchaser	
<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> None of the above			2nd Transferor/ Initial Purchaser	
<b>For entity/ individual with a foreign identification number, please enter the following details.</b>				
<b>Gender*</b> (Not applicable if Profile is Entity)		<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth*</b> (DD/MM/YYYY) (Not applicable if Profile is Entity)	
<b>Mailing Address*</b> (Select "Singapore" or "Other")				
<input type="checkbox"/> Singapore	<b>Postal Code*</b>		<b>Blk/ House No.*</b> (Enter if postal code consists of multiple blocks)	
	<b>Level-Unit</b>	#                      -		
<input type="checkbox"/> Other (for Foreign or PO Box Address)	<b>Country*</b>			
	<b>Address Line 1*</b>			
	<b>Address Line 2*</b>			
	<b>Address Line 3</b>			
	<b>Address Line 4</b>			

Transferee Details <sup>#</sup>				
<b>Profile*</b>	<input type="checkbox"/> Singapore Citizen		<b>NRIC</b>	
	<input type="checkbox"/> Singapore PR		<b>NRIC</b>	
	<input type="checkbox"/> Foreigner	<b>Identity Type</b>	<input type="checkbox"/> FIN <input type="checkbox"/> PASSPORT <input type="checkbox"/> OTHERS	
	<b>Identity No.*</b>			
	<input type="checkbox"/> Entity	<b>Identity Type</b>	<input type="checkbox"/> UEN-LOCAL CO <input type="checkbox"/> UEN-BUSINESS <input type="checkbox"/> UEN-OTHERS <input type="checkbox"/> OTHERS	
	<b>Identity No.*</b>			
<b>Name*</b>				
<b>Email Address*</b>				
<b>Mobile/ Contact No.*</b>	+65			
	(Note: For Singapore Citizen, Singapore PR and Foreigner to fill in Mobile No.)			
<b>Relationship to the Transferor/ Initial Purchaser*</b> (Select one)				
<ul style="list-style-type: none"> <li>Applicable if the Transferor/ Initial Purchaser and Transferee are individuals</li> </ul>				
<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> None of the above			1st Transferor/ Initial Purchaser	
<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> None of the above			2nd Transferor/ Initial Purchaser	
<b>For entity/ individual with a foreign identification number, please enter the following details.</b>				
<b>Gender*</b> (Not applicable if Profile is Entity)		<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth*</b> (DD/MM/YYYY) (Not applicable if Profile is Entity)	
<b>Mailing Address*</b> (Select "Singapore" or "Other")				
<input type="checkbox"/> Singapore	<b>Postal Code*</b>		<b>Blk/ House No.*</b> (Enter if postal code consists of multiple blocks)	
	<b>Level-Unit</b>	#                      -		
<input type="checkbox"/> Other (for Foreign or PO Box Address)	<b>Country*</b>			
	<b>Address Line 1*</b>			
	<b>Address Line 2*</b>			
	<b>Address Line 3</b>			
	<b>Address Line 4</b>			

Property/ Land Details			
<b>Property Details<sup>#</sup></b>			
<b>Postal Code<sup>*</sup></b>		<b>Blk/ House No.<sup>*</sup></b> (Enter if postal code consists of multiple blocks)	
<b>Level-Unit</b>	# -		
<b>Share of Property Transferred<sup>*</sup></b>	<input type="checkbox"/> Full <input type="checkbox"/> Partial    /    (Enter in fractions if "Partial" is selected)		
<b>Property Type<sup>*</sup></b> (Select one)	<b>Amount of Consideration/ Market Value (whichever is higher)</b>		
	<b>Residential (S\$)<sup>*</sup></b>	<b>Non-Residential (S\$)<sup>*</sup></b>	
<input type="checkbox"/> Private Residential (Landed or Condo) <input type="checkbox"/> Executive Condominium <input type="checkbox"/> HDB Residential <input type="checkbox"/> Mixed (with Residential Use)			
<input type="checkbox"/> Industrial			

Land Details <sup>#</sup> (Fill in land details ONLY if the transaction involves land)			
<b>MK/ TS<sup>*</sup></b>	<input type="checkbox"/> MK <input type="checkbox"/> TS	<b>MK/ TS No.<sup>*</sup></b>	
<b>Street Name</b>			
<b>Lot No.<sup>*</sup></b>		<b>Plot/ Parcel No.</b>	
<b>Share of Land Transferred<sup>*</sup></b>	<input type="checkbox"/> Full <input type="checkbox"/> Partial    /    (Enter in fractions if "Partial" is selected)		
<b>Master Plan Zoning<sup>*</sup></b> (Select one)	<b>Amount of Consideration/ Market Value (whichever is higher)</b>		
	<b>Residential (S\$)<sup>*</sup></b>	<b>Non-Residential (S\$)<sup>*</sup></b>	
<input type="checkbox"/> Residential <input type="checkbox"/> Residential with Commercial at 1st Storey <input type="checkbox"/> Commercial and Residential <input type="checkbox"/> White <input type="checkbox"/> Residential/ Institution			
<input type="checkbox"/> Non-Residential			

Remission/ Relief/ Exemption
<b>Status of Eligibility</b>  Select the type for which the document is eligible. Otherwise, continue to the next step.
<b>Type<sup>*</sup></b> (Select one)  <input type="checkbox"/> None is selected
<input type="checkbox"/> Stamp Duties (Donations to Institution of a Public Character) (Remission)
<b>This is to confirm that</b> 1. This instrument effected the donation of the asset to any institution of a public character. 2. Ad valorem duty was paid/ remitted/ exempted on the acquisition by the donor of the asset.
Please provide the Document Ref No. for the stamping of the acquisition by the donor of the asset, if any.  Document Ref No. _____

**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

- 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.

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Signature

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Name of Signatory

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Date