

# APPLICATION FOR PRACTISING CERTIFICATE (For New & Restoration cases only)

(All sections of the form must be completed. Incomplete form will not be processed.)

**Fee payable: \$300 for 1-year or \$600 for 2-years**

## My Particulars:

Name : \_\_\_\_\_

MCR : \_\_\_\_\_ NRIC / FIN Number : \_\_\_\_\_

Tel (Home)/ Pgr / Hphone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

My Activity Status: I am working [full / part time]\* in [Government / Restructured / University / Private Sector]\*

Name of Practice : \_\_\_\_\_

Address of Practice : \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel (Office): \_\_\_\_\_ Fax (Office): \_\_\_\_\_

Field of Practice: \_\_\_\_\_ Appointment: \_\_\_\_\_

For Private practice (Please confirm whether):

You are the [sole owner / partner / employee]\* of the above [solo / group practice]\*. Are you in [general / specialist]\* practice.

## **My Request:**

- I wish to apply for a new practising certificate.
- I wish to renew my practising certificate.
- I wish to renew my practising certificate at a lower fee as I am already 65 years old and above. I declare that I am not in active practice.
- I will pay by [Cheque / Interbank GIRO]\*. My bank account No: \_\_\_\_\_
- I do not wish to renew my practising certificate because I am / have [overseas / retired / ceased practice]\*

***I declare that I have not been disciplined by a medical regulatory authority of any country I was in before. I have not been charged with any offence in a court of law in any country. (Please submit details if you have something to declare.)***

Date: \_\_\_\_\_ Signature of Doctor: \_\_\_\_\_

\* Please delete where applicable

## **For Official Use:**

CSO checked: \_\_\_\_\_ Payment Date: \_\_\_\_\_ Card Number: \_\_\_\_\_