



Attention : Self-Employed Section
CENTRAL PROVIDENT FUND BOARD
 CPF Building, 79 Robinson Road, Singapore 068897
 Tel: 1800-227 1188 Fax: 6258 2778
 Website: www.cpf.gov.sg
 Email: self-employed@cpf.gov.sg

APPEAL FOR INSTALMENT PAYMENTS BY SELF-EMPLOYED PERSONS

Instructions: This form may take about 10 minutes to complete. You must provide ALL the information required as insufficient information may result in a delay in the processing of your appeal. You may be required to provide supporting documents to substantiate your appeal.

(A) PERSONAL PARTICULARS

1. NAME IN BLOCK LETTERS (AS SHOWN IN NRIC)

4. CONTACT NO.

HANDPHONE

HOME

OFFICE

2. S'PORE NRIC NO. / S'PORE PERMANENT RESIDENT NO.

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5. OCCUPATION (e.g. taxi driver, cooked food hawker, insurance agent, sole proprietor/partner)

3. E-MAIL ADDRESS

(B) APPEAL DETAILS

I wish to pay my outstanding Medisave contributions of \$ _____ by instalments at \$ _____ per month, with an upfront payment[#] of \$ _____ .

Current Monthly Income \$ _____ License Expiry Date (if any) _____

No. of non-working dependants (e.g. spouse, parents, schooling children) _____

Any other financial liabilities: No / Yes*. If yes, please specify (e.g. utilities bills, housing loans, medical bills) and provide the supporting documents. Please also include other information, if any, to support your request.

Signature / Thumbprint

Date

For Official Use Only

Handled by

Name / Signature

Date

*Delete where not applicable

Not applicable if you are already paying by instalments.

