



Central Provident Fund Board

CNR/Form CPIN

79 Robinson Road, CPF Building, Singapore 068897
Website: www.cpf.gov.sg CPF Call Centre: 1800-227 1188

Refund of Excess Late Payment Interest

This form may take you 3 minutes to complete

Important Notes:

- 1. CPF contributions and late payment interest due to the Board will be offset against the refund amount.
2. Refunds will be credited to the employer's bank account directly.
3. You may need the following information to complete the form:
a) Employer's CPF Submission Number (CSN).
b) Employer's bank account information (For Non-GIRO Employers Only)
4. The CPF Board shall not be liable for any loss caused to or damage incurred or suffered by the employer or any person by reason of or in connection with this refund application, including any loss or damage arising directly or indirectly from the Board's acting on inaccurate information provided to it for such application.
5. Use of correction fluid and pencil is not allowed. Please cross out any error and sign against the amendment.
6. You may submit your application online via our website at http://employer.cpf.gov.sg with your SingPass.
7. For more information on CSN, please visit http://employer.cpf.gov.sg >Employers>General Information>CPF Submission Number.
8. You may email us at employer-refund@cpf.gov.sg if you need further clarification.

Part 1: Particulars of Employer

Name of Company/Firm/Society/Individual:

CSN [table with 12 columns and dashes in the 10th and 12th columns]

Address: [blank] Fax: [blank]

Contact Officer: [blank] Email: [blank] Tel: [blank]

I/We, the undersigned, wish to apply for a refund of the excess Late Payment Interest amounting to \$\_\_\_\_\_.

Part 2 Authorisation and Indemnity Clause

I/We hereby request and authorise Central Provident Fund Board ("Board") to obtain confirmation/verification of information relating to me/us and/or to my/our account(s) ("Account") as stated in the application form from/with the bank where the Account is maintained ("Bank") as stated in the application form.

In consideration of the Board acceding to my/our said request and in consideration the Bank confirming/verifying such information pursuant to the said request, I/we irrevocably consent to and authorise the Bank, including any officer thereof, to disclose any information whatsoever relating to me/us and to the Account as is necessary for the sole purpose of account validation and agree that such authorisation shall survive any termination of the Account. I/We agree that this consent shall survive the termination of any of the Account with the Bank and may be relied on and enforced as fully and effectively by the Bank as if it is addressed to the Bank.

I/We understand that the Board is not obliged to perform the verification requested by me/us and has the absolute discretion to decide whether or not to perform such verification. I/We agree that I/we will not hold the Board responsible if it decides not to perform such verification.

Part 3: Declaration of Bank Account Information (For Non-GIRO Employers Only)

Please complete the Bank Account Information and attach a copy of the top portion of the Bank Statement showing clearly the account holder's name and bank account no.

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Bank Account No.: \_\_\_\_\_

Part 4: Declaration by Employer

I agree to the authorisation and indemnity clause stated above and certify that all the information given in this form are true, correct and complete. I will not hold CPF Board liable for any loss or damage howsoever incurred or sustained by me due to inaccurate, incomplete or false information given by me in this form.

Date Name & Designation of Authorised Officer Signature of Authorised Officer