

**Central Provident Fund Board**

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

Application for Refund of CPF/ Medisave Contributions by Self-Employed Persons

This form may take you 5 minutes to complete.

IMPORTANT NOTES (Please read before completing this application form)**Mandatory Contributions**

1. Medisave contributions are tax deductible and earn a minimum interest of 4% per annum. It can be used to pay for future medical needs when necessary. Any payment made above the mandatory Medisave contributions would enjoy the same benefits and can be used to offset future Medisave liabilities.
2. Medisave contributions are not refundable unless there is an excess in mandatory Medisave contributions arising from a reassessment of income by the Inland Revenue Authority of Singapore (IRAS). Application for refund must be made within one year from the date of the revised Notice of Computation (NOC).

Voluntary Contributions

3. Contributions made before issuance of the NOC by the IRAS for the relevant year are deemed as Voluntary Contributions (VC).
4. Voluntary Contributions (VC) are not refundable unless the total amount of contribution made in a year exceeds the prevailing annual contribution limits.

Others

5. Application for refund is subject to the availability of funds in your CPF accounts and refunds are made without interest.
6. Contributions will be credited directly into your bank account. The Board shall not be responsible or liable for any loss caused to or damage incurred or suffered by member or any person by reason of or in connection with the 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.
7. Details of the refund will be furnished to the IRAS.
8. Use of correction fluid for amendments is not allowed. Please sign against any amendment.
9. You may submit your application online via our website at www.cpf.gov.sg.

(A) PARTICULARS

Name (As in NRIC) : Dr / Mr / Mrs / Ms / Mdm _____

NRIC or CPF A/c No.:

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Contact Numbers : (Mobile) _____ (Home) _____ (Office) _____

E-Mail Address : _____

(B) BANK ACCOUNT INFORMATION

Please refund my contributions into:

- a) My bank account maintained with the Board.
A cheque will be issued if your bank account information maintained with the Board is invalid.
- b) Others. Bank: _____ Branch: _____ A/c No.: _____
For banks other than OCBC & UOB, please provide a copy of your bank passbook or bank statement.

(C) DETAILS OF REFUND APPLICATION

I wish to apply for refund of my contributions.
The reason is as follows: (Please tick the appropriate box)

- a) **Change in Mandatory Medisave Contributions Payable Arising from a Reassessment of Income**
Please provide a copy of your Original & Revised Notice of Contribution (NOC).
- b) **Excess Voluntary CPF Contributions**
Applicable only for contributions exceeding the annual contribution limit
- c) **Payment Made in Error (Please specify)** _____
Please provide supporting documents

AUTHORISATION AND INDEMNITY CLAUSE

I hereby request and authorise Central Provident Fund Board ("Board") to obtain confirmation/verification of information relating to me and/or to my account ("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 said request and in consideration the Bank confirming/verifying such information pursuant to the said request, I irrevocably consent to and authorise the Bank, including any officer thereof, to disclose any information whatsoever relating to me 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 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 understand that the Board is not obliged to perform the verification requested by me and has the absolute discretion to decide whether or not to perform such verification. I agree that I will not hold the Board responsible if it decides not to perform such verification.

I certify that the information and bank account details provided in this form are true, correct and complete. I agree to top-up any short payment of Medisave Contribution arising from the re-assessment of my annual net trade income by the Inland Revenue Authority of Singapore (IRAS).

Signature / ThumbPrint_____
Date