



Central Provident Fund Board
 Robinson Road Post Office
 P.O Box 2609, Singapore 904609
 Website: www.workfare.sg Email: wis@cpf.gov.sg
 Workfare Hotline: 1800 222 6622 (local)
 +65 6222 6622 (overseas)



FORM WIS1

Change of Bank Details for Workfare Payouts

This form may take you 3 minutes to complete. Only original copy will be accepted.

1. Please ensure that all information is completed.
2. Please sign against any amendment made. Use of correction fluid/tape is not allowed.

PART I – PARTICULARS OF CITIZEN

1. Name (As in NRIC) _____ _____	2. Contact Numbers Handphone: _____ Home: 6 _____ Office: 6 _____												
3. NRIC No. <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">S</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	S												
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PART II – CHANGE OF BANK DETAILS

I wish to receive my Workfare cash payouts in the following bank account:

- | | |
|------------------------------|-------------------------------|
| <input type="checkbox"/> DBS | <input type="checkbox"/> POSB |
| <input type="checkbox"/> UOB | <input type="checkbox"/> OCBC |

Bank Account No:

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By submitting this form, I consent to the Government using the mode of payment which I have chosen above, including my bank account information, for the Workfare and other cash payouts from the Government (if any) that I may be eligible for.

 Signature / Thumbprint

 Date

PART III – FOR CPF B USE

Processed By: _____
 Name / Signature of officer / Date

Verified By: _____
 Name / Signature of officer / Date