Central Provident Fund Board
CPF Building, 79 Robinson Road, Singapore 068897
Tel: 1800-227 1188 Fax: 6258 2778
Website: www.cpf.gov.sg

FORM CPF SE 4

APPLICATION FOR OR CANCELLATION OF VOLUNTARY CONTRIBUTIONS TO ALL 3 CPF ACCOUNTS BY SELF-EMPLOYED PERSON

This form may take you 3 minutes to fill in.

1. Please ensure that all required information is filled in completely.
2. Any amendment made must be signed. Use of correction fluid/tape is not allowed for amendments.

S'PORE NRIC / S'PORE PERMANENT RESIDENT NO | S | | | | | | | | |

NAME (As shown in NRIC)

TELEPHONE NO.

Home | | | | | | | | |

Office | 6 | | | | | | | |

Handphone or Pager | | | | | | | | |

Please complete either Section 1 or Section 2 as appropriate and return the form to the Board. Your contributions will be credited to the respective accounts after this application has been processed.

Section 1 Application to Make Voluntary Contributions to ALL 3 CPF Accounts

I wish to contribute to ALL 3 CPF ACCOUNTS (Ordinary, Special and Medisave) and agree to the following conditions:

1. Contributions to the Ordinary and Special accounts are voluntary and cannot be transferred to meet any shortfall in Medisave contributions.
2. Any shortfall in the Medisave contributions will have to be paid by 31st May of the following year or when notified by the Controller of Income Tax.

_____ Signature / Thumbprint

_____ Date

Section 2 Application to Cancel Voluntary Contributions to ALL 3 CPF Accounts

I will contribute to my MEDISAVE ACCOUNT ONLY

_____ Signature / Thumbprint

_____ Date

For Official Use

Keyed by : _____ Date keyed : _____ Verified by : _____ Date Verified : _____