

## Alteration form for investment-linked policy

**WARNING:** Under Section 23(5) of the Insurance Act 1966 (or any other future amendments to it), you must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, the insurance policy may not be valid.

**Important Notes:**

For Singaporeans/PRs, submit a Clear copy of your NRIC/Passport/Long-Term Pass

For foreigners, submit a CLEAR copy of an identification (front & back) (e.g. employment pass, passport) and a CLEAR copy of documentary proof of the address, such as copies of utility bills, bank statements or letters issued by statutory or government bodies (dated within past 6 months) with letterhead, name, address and date clearly shown.

Electronic Documents: All application and policy correspondence will be sent to you electronically, unless any of these are not available electronically, in which case you will receive the hardcopy by mail.

### For official use

**For official use only – Scan to archive**

1 Please update ICM under “ILP Processing Request (Form)” and attach a copy of the form.

Full name of Advisor (as in NRIC)	Advisor’s code
-----------------------------------	----------------

Please complete one form per policy and ensure that all fields are completed.

### Details of policyholder or assignee

Full name (as in NRIC/Passport/Long-Term Pass/Company Registration)	NRIC/Passport/FIN/Unique Entity Number (UEN)	Policy number
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (nationality) _____ <input type="checkbox"/> Others (please give details) _____	Country of residence	City of residence
Name of organisation	Place of incorporation	Business activity/Sector
Occupation	Nature of work	Annual income (S\$)

### Details of insured (if different from policyholder or assignee)

Full name (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN	
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR (nationality) _____ <input type="checkbox"/> Others (please give details) _____	Country of Residence	City of residence

### Changes to coverage/premium/riders

Request	Details	Notes								
<input type="checkbox"/> Fund allocation	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Name of fund</td> <td style="width: 50%; text-align: center;">Allocation (%) (no decimal)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="text-align: center;">Total</td> <td style="text-align: center;">100%</td> </tr> </table>	Name of fund	Allocation (%) (no decimal)	_____	_____	_____	_____	Total	100%	Please refer to Terms point 29. This form is to be submitted together with "Abridged Fact Find" form.
Name of fund	Allocation (%) (no decimal)									
_____	_____									
_____	_____									
Total	100%									
<input type="checkbox"/> Add riders	Please indicate rider name, sum assured and cover term.	Please refer to Terms points 14. To 27. This form is to be submitted together with "Abridged Fact Find", "Illustration", "Product Summary" and "Application for alteration with medical underwriting" forms (where applicable).								
<input type="checkbox"/> Increase regular premium	From _____ to _____	VA1 only: For Life event, please refer to Terms point 22.								
<input type="checkbox"/> Increase sum assured (for IP1/IP2/VA1/VA2 policies only)	From _____ to _____	Please refer to Terms points 14. To 27. To submit this form only.								
<input type="checkbox"/> Decrease regular premium	From _____ to _____	This will be processed upon next anniversary date								
<input type="checkbox"/> Decrease sum assured (for IP1/IP2/VA1/VA2 policies only)	From _____ to _____	VA1 and VA2 only: This form is to be submitted together with "Illustration" and "Product Summary" forms.								
<input type="checkbox"/> Remove riders (Please indicate the rider name to remove)	Type of Riders _____	Please refer to Terms point 28. To submit this form only.								
<input type="checkbox"/> Riders - Decrease Sum Assured	From _____ to _____									
<input type="checkbox"/> Cessation of Recurring Single Premium request	N.A.									

### Change distribution payout option

Name of fund	Reinvestment	Encashment - Direct Credit	
<input type="checkbox"/> Asian Income Fund			Please refer to Terms points 31 to 32. To submit this form only. Please select and tick only one distribution option for each fund. Your submission must reach us at least 30 days before the next declaration date and the new option will be effective from the next payout. If you have selected "Encashment - Direct Credit", please submit a copy of your Singapore bank book/statement for verification (Note: you can only have one direct credit account per policy).
<input type="checkbox"/> Global Income Fund			
<input type="checkbox"/> Asia Dynamic Return Fund			
<input type="checkbox"/> Income Global Sustainable Fund			

### Premium holiday

<input type="checkbox"/> Premium holiday up to now	<input type="checkbox"/> I wish to pay for my premiums using a new GIRO account, I need to submit a new interbank GIRO form and you will extend my premium holidays by 2 months.	To submit this form only. To submit a new interbank GIRO form (if applicable). If the premiums for your policy were outstanding, and you wish to resume premium payment starting from now.
<input type="checkbox"/> Premium holiday from now, for (maximum of six months)	<input type="checkbox"/> One month <input type="checkbox"/> Two months <input type="checkbox"/> Three months <input type="checkbox"/> Four months <input type="checkbox"/> Five months <input type="checkbox"/> Six months <input type="checkbox"/> Twelve months (if you are paying your premiums yearly) <input type="checkbox"/> Invest Flex (VS1): _____ months	To submit this form only. Your premium holiday will start from the next premium due date.
<input type="checkbox"/> Cessation of premium holiday	<input type="checkbox"/> I wish to pay for my premiums using a new GIRO account, I need to submit a new interbank GIRO form and you will extend my premium holidays by 2 months.	To submit this form only. To submit a new interbank GIRO form (if applicable). This will be effective from the next premium due date.

### Terms for premium holiday

**For all regular premium plans except VivaLink (VA1) and AstraLink (VA2)**

- 1 All regular premiums due for the first twelve (12) months and any subsequent increase of premium must be fully paid before any request for premium holiday is allowed.
- 2 For policies that are on GIRO, the process of deduction takes place between 21st of the month to 8th of the next month. During this period, no changes to your premium can be made. If the form is received during this period, your request will be handled after the GIRO deduction process is completed
- 3 For policies that are on GIRO, deduction will automatically resume once the premium holiday period ends, unless you apply for another premium holiday before the period ends.
- 4 We will only consider your application for premium holiday if the value of the fund(s) in your policy is positive.
- 5 All policy charges will continue to be chargeable (e.g. policy fee, mortality charges, advisory fee and rider charges) during the premium holiday period

**For VivaLink (VA1) plan**

- 6 If premium holiday is applied within the first ten (10) years from the policy entry date, the 'No lapse guarantee (NLG)' benefit will end and we will not reinstate it.
- 7 If there is 'Premium paying rider (PPR)' attached, we will terminate the riders and apply premium holiday. Once premium holiday is applied, term 6 will apply.
- 8 All regular premiums due for the first twelve (12) months and any subsequent increase of premium must be fully paid before any request for premium holiday is allowed. Once premium holiday is applied, term 6 will apply. In addition, you cannot make any One-time and Recurring single premium top-ups when your policy is on premium holiday.
- 9 For policies that are on GIRO, the process of deduction takes place between 21st of the month to 8th of the next month. During this period, no changes to your premium can be made. If the form is received during this period, your request will be handled after the GIRO deduction process is completed.
- 10 For policies that are on GIRO, deduction will automatically resume once the premium holiday period ends, unless you apply for another premium holiday before the period ends.
- 11 All policy charges will continue to be chargeable (e.g. policy fee, mortality charges, advisory fee and rider charges) during the premium holiday period.

**For AstraLink (VA2) plan**

- 12 The premium holiday charge applies if you did not pay any premiums from the 2nd anniversary to the end of the minimum investment period. Charges will continue to apply during premium holiday. No top-ups and recurring single premium top-ups can be made during premium holiday. Premium holiday ceases once the regular premium payment resumes.  
If there is non-payment of regular premium (during the first 2 policy years), the policy will end with no cash-in value.
- 13 Increase or decrease in regular premium can be made after second policy anniversary, provided the policy remains in force and is not on premium holiday.

**For Invest Flex (VS1) plan**

- 14 From the 6th policy year, you may apply for premium holiday up to the following period in the table without charge.

MIP	Premium holiday period without premium holiday charge
5 years	0 months
10 years	60 months
15 years	60 months
20 years	120 months

Else, premium holiday charge applies on a monthly basis 30 days from the premium due date if:

- You stop paying premiums; or
- You request for a premium holiday during the MIP.

## Terms for all other alterations

### For all regular premium plans except VivaLink (VA1) and AstraLink (VA2)

- 15 For VivoLink (VL1) policies, the minimum regular premium is \$150/monthly. For decrease/increase of regular premium, it will be subjected to the respective allocation rates as set out in the policy contract. The new premium after any increase is capped at \$500/monthly per life.
- 16 For Ideal (ID2) policies, the minimum regular premium is \$50/monthly. For increase of regular premium, a 45% advisory fee will be deducted upfront for the annualised portion that is in excess of the highest regular premium paid before the increase.
- 17 For Ideal (ID5/ID6/ID7) policies, the minimum regular premium is \$100/monthly.  
For Ideal (ID6) policies, any increase of regular premium, you must bear a monthly advisory fee equivalent to 25% of the increased portion for a period of twelve (12) months, in addition to any prevailing advisory fee being paid by you.  
For Ideal (ID7) policies, any increase of regular premium that is sold through an Insurance Advisor under your policy, you must bear a monthly advisory fee equivalent to 15% of the increased portion for a period of twelve (12) months, in addition to any prevailing advisory fee being paid by you.

### For VivaLink (VA1) and AstraLink (VA2) plans

- 18 Please submit a revised Illustration for each request. All requests submitted are subject to review and our acceptance.
- 19 For increase/decrease regular premium, it may increase/decrease the sum assured for the plan and the rider(s) of the life assured. The 'Insurance Cover Charge' for the plan and the rider(s) will be deducted accordingly. For premium paying riders, we might request for pro-rate premium before the request is approved.
- 20 For increase/decrease in sum assured, it may increase/decrease the premium for the plan and the rider(s) of the life assured. The 'Insurance Cover Charge' for the plan and the rider(s) will be deducted accordingly. For premium paying riders, we might request for pro-rate premium before the request is approved.
- 21 The new sum assured will take effect from the next monthiversary date regardless of the policy payment frequency.
- 22 If your policy is on premium holiday, we may not accept your request submitted.
- 23 \* If there is an occurrence of a life event as defined under your policy (VA1) and you intend to increase your sum assured or regular premium, you will need to indicate the name of the life event and to provide the supporting documents.  
\* Life event is not applicable to AstraLink (VA2)

### Applies to all regular and/or single premium plans

- 24 The increase/decrease in regular premium if accepted by us is usually effected from the next premium due date unless we notify you otherwise.
- 25 All regular premiums due for the first twelve (12) months and any subsequent increase of premium must be fully paid before any decrease in premium amount is allowed.
- 26 After the premium change has been approved and completed, kindly pay the new premium in full. Partial payments are not allowed.
- 27 For cash payment, the offer price will be based on the date that Income receives the new premium by **3:00pm**. Any submission after **3:00pm** will be considered as the next business day's pricing.
- 28 For policies that are on GIRO, the process of deduction takes place between 21st of the month to 8th of the next month. During this period, no changes to your premium can be made. If the form is received during this period, your request will be handled after the GIRO deduction process is completed.
- 29 For policies with GIRO payments, the cessation of recurring single premium request will take effect from the next deduction date.
- 30 The new distribution option selected will supersede your previous option (if any).
- 31 Any distributions below \$50 (or such other sums as may be determined by Income) will be reinvested and encashment is not allowed.
- 32 For CPF/SRS policies (if applicable), the distribution option shall be reinvestment only.

## Mandatory declarations

### 1 Beneficial ownership declaration – This is NOT a nomination of beneficiaries for this policy

A Beneficial Owner is defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism as an individual who ultimately owns or controls the customer or the individual on whose behalf business relations are established.

If there is a Beneficial Owner arrangement, please

- i Submit a copy of the Beneficial Owner's NRIC or passport and a completed copy of the FATCA and CRS self-certification form for Individual Account Holder, Entity Account Holder or Controlling Person available here: [www.income.com.sg/Policy-downloads-and-forms](http://www.income.com.sg/Policy-downloads-and-forms); and
- ii Please provide details of the Beneficial Owner(s):

Full name of Beneficial Owner (as in NRIC/BC/Passport/Long-Term pass)	NRIC/BC/Passport number/FIN	Date of birth (dd/mm/yyyy)	Nationality	Country of Residence	Gender	Relationship with Policyholder/Assignee

## Mandatory declarations (continued)

### 2 Politically Exposed Person (PEP)

A Politically Exposed Person (PEP) is an individual who is, or has been entrusted with prominent public functions whether in Singapore, a foreign country or an international organization.

Prominent public function includes the roles held by head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature, and senior management of international organisations.

If you, or the Beneficial Owner, are a PEP or related<sup>a</sup> to a PEP, you must disclose this information.

<sup>a</sup> An individual closely connected to a PEP either socially or professionally, such as a parent, stepparent, child, stepchild, adopted child, spouse, sibling, step-sibling, or adopted sibling.

Name of PEP	Title of PEP	Name of person related to PEP	Relationship to PEP

### 3 Source of funds and wealth (To complete for add riders, increase of regular premium and/or sum assured)

#### i Source of funds

##### a Who is funding the insurance premium for this application?

- Policyholder
  Assignee
  Others, please provide details below:

Full name of payor (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN/Unique Entity Number (UEN)
Relationship to policyholder or assignee	Occupation and organisation

##### b What is the source of funds used to pay the premiums?

- Salary or commission
  Sale of assets  
 Inheritance
  Proceeds from a policy, please give details below  
 Personal savings, if currently not employed, please provide details below  
 (for example: previous employment, allowance from family members)
  Others, please give details below

Details

---



---

#### ii Source of wealth

##### a How did you accumulate your wealth (i.e. your total assets)? You may choose more than one option.

- Salary or commission from current and/or past employment  
 (For past employment, please provide details of past occupation and past employers below)
  Business or trade income  
 Inheritance and gift
  Investments (shares, bonds, unit trusts, etc)  
 Sale of property, company, or other assets
  Others, please provide details below

Details

---



---

#### Important Notes:

*We may request for additional information and/or supporting documents, if necessary.*

*For allowance from family member(s), please provide details on the family member(s).*

*Example – Name of family member(s), occupation of the family member(s) and relationship(s)*

## Residential address verification

For Singapore Citizen/Permanent Resident – If the residential address stated in this form is different from the address in your identity document, please provide billing proof.

For non-Singapore Citizen – Please provide a valid identity document or passport with your residential address indicated, or billing proof.

*Examples of billing proof – utility bills, bank statements and letters issued by statutory or government bodies (dated within the past 6 months) with letterhead, name, address and date clearly shown.*

## Personal data use statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited (“Income”), its representatives, agents, relevant third parties (referred to in Income’s Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income’s appointed insurance intermediaries and their respective third party service providers and representatives (collectively “Income Parties”) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively “personal data”) for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting consumer profiling/data analytic/research, which includes data matching based on personal data collected by Income, its affiliates, business partners and/or NTUC Enterprise group of social enterprises (“NE Group”) where required for Income, its affiliates, business partners and/or NE Group, to develop, improve and/or customise their products/services and/or to provide me/us with their respective products/services, and in the manner and for other purposes described in Income’s Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family, employee, payee/payer or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorisation and approval on their behalf

for the purposes as set out in this Personal Data Use Statement.

I/we agree that if my/our policy(ies) premiums are paid by third-party payor(s), I/we consent to the use and disclosure of my/insured name(s) and relevant policy(ies) information by Income to such thirdparty payor(s) for the purposes of processing and/or administering premiums payments for my/our policy(ies).

Please refer to Income’s Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

## Declaration and authorisation

I/We cannot alter any of the wordings in this application form. Any attempt to do so will have no effect.

I/We confirm that there has been no change in the information provided about me/us since the completion of the application and all additional declarations made in connection with the application. I/We will notify Income immediately if there is any change in the information provided about me/us such as any change in the state of health, financial information, any concurrent insurance policy applications with other insurers or if I/we plan to seek medical consultation, investigation, or treatment between the date of this application and before the cover start date” for this alteration form. I/We am/are aware that Income may add special terms to the policy or declare the policy as void according to the information provided or if I/we fail to notify Income of any change in my/our information.

I/We declare that the answers in this application are true, correct and complete. I/We accept full responsibility for them, whether written by me/us or by anyone else on my/our behalf.

I/We have not withheld any information. If it is discovered later that I/we or the insured suffer from a medical condition that is not disclosed in this form, I/we will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with you. I/We agree that this application and other written answers, statements, information or declarations made by me/us or on my/our behalf will form the basis of the contract of insurance between me/us and you. I/We further understand that you may impose special terms according to the information given in respect of this application.

I/We understand that I/we may receive correspondences for this application and my/our policy documents electronically (collectively “policy e-document”). I/We agree that Income can notify me/us by email or SMS to retrieve and read my/our policy e-documents via secure online access.

I/We agree that Income will not be responsible to me/us (or any other person) if I/we fail to:

- a provide Income my/our correct email address or mobile number;
- b inform Income of any update or change to my/our email address or mobile number; or
- c keep the password to access the policy e-documents confidential.

I/We understand that the policy e-documents are considered delivered and received, upon my/our receipt of your SMS or email notification on the availability of the policy e-documents via secure online access.

I/We agree that this form may be signed by electronic or digital signature, whether encrypted or not, which will be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Electronic signature may include electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

I/We confirm (a) that I/we understand and agree to the collection, use and disclosure of my/our personal data as stated in the “Personal Data Use Statement” (PDUS); and (b) on the representation and warranty made in the PDUS.

For the purpose of processing and/or administrating this application and any claim in connection with my/our policy(ies) with Income, I/we authorise, consent to, and agree to any medical source, insurance office, reinsurance, or organisation to release to you and you to release to any medical source, insurance office, reinsurance, or organisation any relevant information to do with me/us or the insured whether you accept my/our application or not.

I/We understand and agree that the changes:

- a are subjected to your underwriting and acceptance;
- b if accepted, may be subjected to terms, conditions and exclusions imposed by you; and
- c will take effect only when you accept and approve my/our request and notify me/us in writing of the effective date of the changes and provided that I/we have paid the required premiums(and interest, if applicable) in full.

I/We have read and understand the corresponding Product Highlight Sheet(s), Fund Report(s) or Monthly Fund Fact Sheet(s) available from [www.income.com.sg](http://www.income.com.sg) with respect to the relevant investment fund(s) before deciding whether to invest or transact in such fund(s). Where appropriate, I/we understand that I/we can cease to proceed with this application at any time before the submission of this form and seek financial advice from a qualified Income advisor, or seek independent legal, tax and/or other professional advice.

Applicable to policyholder or assignee who performs a transaction without advice from Income:

As the policyholder or assignee who does not wish to seek advice from Income or refuses to follow advice sought from Income, for any of my/our proposed transactions under this application form, I/we understand and agree that:

## Declaration and authorisation (continued)

- 1 This application is based solely on my/our own judgement and decision. I/We may be subjected to greater investment risks and that the value of the fund(s) may be volatile and fluctuate from time to time;
- 2 All investment decisions are made independently by me/us, as the policyholder or assignee, after duly considering and understanding the investment fund(s), benefits and risks.
- 3 The information contained in this application is not intended as financial advice and shall not be relied on as such by me/us. I/We am/are responsible to ensure the suitability of the fund(s) selected.

I/We agree that if I/we or any <sup>#</sup>Relevant Person is found to be a <sup>\*</sup>Prohibited Person:

- Income is entitled not to accept this application; and
- if any policy is issued, Income is entitled to end this policy, not pay any benefit or not allow any transaction, such as surrender and assignment, to be carried out under this policy. Income will not refund any unutilised premium when this policy is ended.

Income's decision in every respect of the above will be final.

I/We will inform Income immediately if there is any change in my/our or any Relevant Person's identity, status or identity documents.

<sup>#</sup> **Relevant Person** includes insured, trustee, settlor, beneficiary, assignee, nominee, payee, mortgagee, financier of this application/policy, and in relation to an entity, its director, partner, manager, person having executive authority, authorised signatory, shareholder or beneficial owner.

<sup>\*</sup> **Prohibited Person** means a person or entity who is, or who is <sup>^</sup>Related to a person or entity:

- subject to laws, regulations or sanctions administered by any inter-government, government, regulatory or law enforcement authorities of any country, which will prohibit or restrict Income from providing insurance or carrying out any transaction under this policy, or
- who is involved in any terrorist or illegal activities or placed on sanctions listing or issued with freezing order.



<sup>^</sup> **Related** includes relationships such as parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling, adopted sibling, parent-in-law, child-in-law, sibling-in-law, cousin, uncle, aunt, grandparents, niece, nephew, grandchild, employee, employer, associate, parent company, subsidiary and shareholder.

This application is governed by and interpreted according to the laws of the Republic of Singapore.

### Applicable to Takaful Fund Only:

I/We further understand and agree that no part of my/our premium contribution shall be used for the establishment of Tabaruu or risk fund for the purpose of paying the difference between the minimum sum assured and the cash surrender value of the policy which I/we intend to subscribe. Such fund is being financed solely by the insurer's resources and if a payment is made under such circumstances, I/we shall regard this as donation from the insurer.

**I/We agree that if I/we do not reveal any significant fact (which would have affected Income's decision to accept my/our application on standard terms) in this application, any legal document that is issued to effect the changes may not be valid. This includes any fact whose significance I/we am/are unsure of, and also any information I/we have given to the advisor but was not included in this application.**


Signature of policyholder or assignee <sup>^</sup>	Signature of insured (For age 16 and above)
	
Signed in Singapore on (dd/mm/yyyy):	Signed in Singapore on (dd/mm/yyyy):

<sup>^</sup> Please delete where appropriate. For policies with assignee, the assignee needs to complete and sign the form.

## Parental consent

The parent or legal guardian must fill in this section if the child or ward is the policyholder, and below the age of 21 years.

- 1 I give my permission for my child or ward for the above transaction(s) under this policy.
- 2 I confirm and agree to the consent given by my child/ward on the collection, use and disclosure of his/her personal data under this form.
- 3 I consent and agree to Income Insurance Limited ("Income"), its representatives, agents, relevant third parties (referred to in Income's Privacy Policy at <https://www.income.com.sg/privacy-policy>), Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") to collect, use, and disclose my personal data in this form for the purposes of administering the application or transaction in this form. I understand that I may refer to Income's Privacy Policy (<https://www.income.com.sg/privacy-policy>) for more information, including access and correction to personal data and consent withdrawal.

Full name of parent or legal guardian (as in NRIC/Passport/Long-Term Pass)	NRIC/Passport number/FIN
Relationship to policyholder <input type="checkbox"/> Parent (Please submit a copy of NRIC/Passport) <input type="checkbox"/> Legal guardian (Please submit a copy of NRIC/Passport and proof of legal guardianship)	Signature of parent or legal guardian  <div style="text-align: center; padding: 10px;"></div> Signed in Singapore on (dd/mm/yyyy):