

This form may take you about 2 minutes to fill in
You may need information from your NRIC/Passport to fill in the form.
PLEASE SIGN THE FORM BEFORE RETURNING IT TO ELECTIONS DEPARTMENT

**APPLICATION FOR RESTORATION OF NAME TO THE REGISTER OF ELECTORS
(FORM A)**

Elections Department
11 Prinsep Link
Singapore 187949

Toll-free : 1800-2221808
Fax : 63362006
Website : www.elections.gov.sg

APPLICANT'S PARTICULARS (as shown on Identity Card)

Name : _____ NRIC : _____
Date of birth : _____ Sex : Male / Female
Address : _____ Postal Code : _____
Nomination Day: _____ Polling Day : _____

I truthfully declare that to the best of my knowledge, I did not vote at the _____
ELECTION in the constituency of _____ because of the
following reason :-

***REASON** (Please tick one box only)

Overseas

- | | |
|--|---|
| <input type="checkbox"/> Working (for employee) | <input type="checkbox"/> With spouse who was working overseas |
| <input type="checkbox"/> On business (self-employed) | <input type="checkbox"/> With spouse who was on business overseas |
| <input type="checkbox"/> Studying | <input type="checkbox"/> With spouse who was studying overseas |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Residing overseas |
| <input type="checkbox"/> Military Training | |

Period Away : From _____ to _____

Medical

- Sick Maternity

Others (Please Specify)

Date : _____ Email : _____ Signature : _____

Contact No.: _____ Fax No. _____

For official use

Approved # To be restored on payment of \$50 vide

Registration No : _____ Receipt No : _____

Date : _____ Signature of Registration Officer : _____

* Supporting documents will be requested, if required
You will be advised, if payment is required.