

NOTIFICATION TO CHANGE PARTICULARS FOR A REPRESENTATIVE

Under the MAS Representative Notification Framework, it is regulatory for an appointed representative to notify PIAS of any changes in any particulars within 7 calendar days of the change. It is noted that under the regulations, any person who, without reasonable excuse, contravenes the above shall be guilty of an offence.

Instructions:

1. Please **ONLY** tick () the appropriate section to reflect the revised particulars.
2. All updates MUST be accompanied with documentary proof and certified true copy by BDMs.
Example: photocopy of NRIC (front and back) / deed poll or marriage certificate.
3. Please email the hardcopy for our record keeping purposes.

| Declarant's Information | | |
|--|-----------------------|-------------------------------|
| Name as in NRIC / Passport: (Please underline surname) | | MAS Representative No: |
| NRIC: | PIAS Rep Code: | Branch: |

| <input type="checkbox"/> | Section A: Nature of Appointment with PIAS | |
|--------------------------|---|-----------------------------------|
| | Effective Since: | (DD/MM/YYYY) |
| | <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Employed |

| <input type="checkbox"/> | Section B: Identification Particulars | |
|--|--|--------------------------------|
| | Effective Since: | (DD/MM/YYYY) |
| Name as in NRIC / Passport: (please underline surname) | | |
| NRIC: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Personal Email address: |
| Nationality: | <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Others For Singapore Permanent Resident & Others, please state: Nationality: _____ FIN or Passport No: _____ | |

| <input type="checkbox"/> | Section C: Other Particulars | |
|---|---|--------------|
| | Effective Since: | (DD/MM/YYYY) |
| Will you be based overseas? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Address as in NRIC: (Please do not enter PO Box Address) | House/Block: _____ Street: _____ Level & Unit: _____ Building Name: _____ Postal Code: _____ | |
| Contact Number: | Home: _____ Mobile: _____ | |
| Marital Status: | <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | |
| Note: Please complete Section D: Spouse Details if Marital Status = "Married" | | |

| Section D: Spouse Details | | |
|--|--|------------------------------------|
| <input type="checkbox"/> | Effective Since: | (DD/MM/YYYY) |
| Name as in NRIC / Passport: (please underline surname) | | |
| NRIC: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: (DD/MM/YYYY) |
| Nationality: | <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Others | |
| | For Singapore Permanent Resident & Others, please state: Nationality: _____ FIN or Passport No: _____ | |
| Occupation: | Name of Employer: | |

| Other information or explanation for the late notification (if applicable) | |
|---|---------------------------------|
| | |
| Declaration | |
| I affirm that the information provided above is true and accurate. | (Signature of Declarant / Date) |

| Appendix 1 (Supporting Documents required for change of particulars) | |
|--|---|
| Types of Change | Required Supporting Document(s) (Certified true copy by BDM) |
| Name | Deed poll and a copy of NRIC (front & back) |
| Nationality | Approval letter from relevant authority and a copy of Passport/ NRIC (front & back) |
| Foreign Identification Number (FIN) / Passport No (for non-Singaporeans & Singapore Permanent Residents) | Copy of Passport reflecting new FIN/passport number |
| Marital Status | Married/Divorce/Widowed <ul style="list-style-type: none"> ▪ Copy of marriage cert (front & back) and other supporting documents, if applicable. |
| Home and Mobile Number | - |
| Residential Address | Copy of NRIC (front & back) |

For Internal Use Only

- Lodge in MASNet, if applicable
- Update in System

| | |
|--|---|
| Processed by: | Verified by: |
| Name & Signature of AMU Staff Date: | Name & Signature of AMU Supervisor Date: |