

**PART 12 – CONSENT/ DECLARATION BY MAIN APPLICANT / AUTHORISED PERSON**

Please tick  where appropriate

- I declare that the information given in this application is true and correct to the best of my knowledge.
- I have read and understood all of the provisions herein and I hereby give my consent for SG Enable and/or MSF to use my or my ward's personal data including but not limited to my name, NRIC, contact number, mailing and email address as well as other information for such purposes of the present programme run by SG Enable as well as any applicable supplementary programme at SG Enable's discretion and the purposes that are set out in SG Enable's Privacy Policy which can be found on its website at <https://www.sgenable.sg> as well as MSF's Privacy Statement which can be found on its website at <http://www.msf.gov.sg>.
- I am aware that SG Enable has the right to recover in full any subsidy disbursed to me arising from this application if I have provided inaccurate information, or withheld any relevant information required for this application.
- I understand that SG Enable and/or MSF will take all reasonable measures to protect my or my ward's information from unauthorised access or against loss, misuse or alteration by third parties.
- I have been advised that I may withdraw my consent to SG Enable and/or MSF in respect of the use of my or my ward's personal data by providing such reasonable notice to SG Enable and/or MSF as well as to direct any queries I may have, including any request to delete data that have been obtained from me or my ward or from third parties or to opt out of any messages, emails, newsletters or other marketing or promotional materials sent to me or my ward, to the designated person, email or contact persons as indicated in SG Enable's Privacy Policy or MSF's Privacy Statement.

**12 a - Consent / Declaration by Applicant**

(Please proceed to 12 b and complete 12 d if Applicant is unable to give consent)

I hereby confirm that I understand and agree to all the provisions in this form.

\_\_\_\_\_  
Name of Applicant (as in NRIC / BC)

\_\_\_\_\_  
Signature / Thumbprint

\_\_\_\_\_  
Date (DD/MM/YYYY)

**12 b - Consent / Declaration by Authorised Person**

(Please proceed to 12 c "Unable to Provide Consent On Behalf" if no one can provide consent / declaration on behalf)

- I have consented on behalf of Applicant who is under 21 years of age.  
 I/ We have consented on behalf of the Applicant who is permanently mentally incapacitated. **(Doctor to complete section 12d)**

\_\_\_\_\_  
Name of signatory 1

\_\_\_\_\_  
Signature / Thumbprint

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Name of signatory 2 (If joint consent is required)

\_\_\_\_\_  
Signature / Thumbprint

\_\_\_\_\_  
Date (DD/MM/YYYY)

**12 c - Unable to Provide Consent On Behalf of Applicant**

The following family member / guardian (aged 21 and above) is unable to provide consent on behalf of the Applicant.

Name (as in NRIC / BC): \_\_\_\_\_ NRIC No.: \_\_\_\_\_

**Reason for inability to provide consent on behalf**

- Applicant is permanently mentally incapacitated, however a deputy has not been appointed by the Court under the Mental Capacity Act (Cap. 177A) / donee has not been appointed under a Lasting Power of Attorney. **(Doctor to complete section 12d)**  
 Others (Please specify): \_\_\_\_\_

**12 d - Doctor's Certification for Mental Incapacity**

(For applicant who is aged 21 and above and is permanently mentally incapacitated)

I certified that the Applicant, \_\_\_\_\_ (Name) \_\_\_\_\_ (NRIC No.) is **permanently mentally incapacitated** and is **unable to provide consent on his/ her**: **(Please select one of the below options)**

- Personal welfare     Property and Financial matters     Personal welfare, Property and Financial matters

_____ Name of Doctor		_____ Signature of Doctor	Official stamp of hospital/ clinic:
_____ Date (DD/MM/YYYY)	_____ MCR No.	_____ Contact No.	

**Instructions:**

If the doctor is not present to certify and sign this form, a separate doctor's memo indicating that the Applicant is unable to provide consent due to relevant medical reason may be attached.