

Please tick  where applicable

### K. DECLARATION BY REFERRING ORGANISATION

By using the services offered by SG Enable and by providing or making available ours or our clients' personal information and such other information about us or our clients to SG Enable and/or MSF and continuing to do all of the above, we represent and warrant that:

1. The information given in this application is true and correct to the best of our knowledge and those of each of our individual clients and contains all relevant information and matters that ought to be disclosed by us to SG Enable whether for ourselves or for our clients.
2. We and each of our clients have read and understood all of the provisions herein and we hereby represent that we have been duly authorised by and have the requisite authority to make the application, execute such documents and do all necessary acts including the disclosure of such personal information, on our clients' or our organisation's behalf and that each of our clients has given their consent for SG Enable and/or MSF to use their personal data including but not limited to names, NRICs, contact numbers, mailing and email addresses as well as other information for the purposes of the programme run by SG Enable as well as any applicable supplementary programmes 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> and each of them shall provide their consent in favour of SGE Enable and/or MSF in relation to the above.
3. We and each of our clients are aware that SG Enable has the complete and sole discretion in considering our or our clients' eligibility for the programme in question and SG Enable may without providing any reasons or explanations, revoke its approval of any application by us at any time without prior notice and such decisions and acts or omissions of SG Enable shall be conclusive, final and binding on us or our clients including such right on the part of SG Enable to recover in full any subsidy disbursed to us arising from this application if we or any of our clients have provided inaccurate information, or withheld any relevant information required for this application.
4. We and each of our clients understand that SG Enable and/or MSF will take all reasonable measures to protect our and our clients' information from unauthorised access or against loss, misuse or alteration by third parties.
5. We agree that in no event will SG Enable and/or MSF be liable to us or our clients for any losses or damages, loss of income, profit or savings or indirect, incidental, special, consequential, or punitive damages arising from or in connection with our application.
6. We and each of our clients have been advised that we may withdraw our consent to SG Enable and/or MSF in respect of the use of our personal data by providing such reasonable notice to SG Enable and/or MSF as well as to direct any queries we may have, including any request to delete data which have been obtained from them or from third parties or to opt out of any messages, emails, newsletters or other marketing or promotional materials to us or our clients, to the designated person, email or contact persons as indicated in SG Enable's Privacy Policy or MSF's Privacy Statement.

Being the person disclosing the information and making the application for the purposes as set out above or being duly authorised by such persons disclosing the information and making the application for the purposes as set out above, hereby agree to the above.

\_\_\_\_\_  
Name of Staff

\_\_\_\_\_  
Name of Organisation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please tick  where applicable

### L. DECLARATION AND CONSENT

I declare that the information given in this application is true and correct to the best of my knowledge.

1. 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>.
2. 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/persons as indicated in SG Enable's Privacy Policy.
3. 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.
4. I give my consent for SG Enable to share the information provided with other relevant agencies for the purposes of my application, and/or the administration and provision of services and schemes to me, and/or data analysis, evaluation and policy formulation in which I shall not be identified as a specific individual.
5. I also consent to SG Enable to obtain information from the doctor from whom the applicant has consulted or any parties deemed related for the purposes of verifying the eligibility status of the applicant, and I authorise the doctor / related parties to release such information to SG Enable.
6. I have not willfully suppressed or provided any false information. I acknowledge that SG Enable reserves the right to reject my application without any reasons disclosed.

#### 1L. DECLARATION AND CONSENT BY APPLICANT

(Please proceed to 4L and complete 4L 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

Consent/Declaration must be signed by Applicant aged 21 and above. If the Applicant is below 21, the parent or legal guardian must give consent on behalf in section 2L.

Please tick  where applicable

Name of Applicant: \_\_\_\_\_

NRIC / BC No.: \_\_\_\_\_

### L. DECLARATION AND CONSENT (CONTINUED)

#### 2L. DECLARATION AND CONSENT PROVIDED ON BEHALF OF APPLICANT

(Please proceed to Section 3L "Unable to Provide Consent on Behalf" if no one can provide consent/declaration on behalf)

- I am the parent/ legal guardian and have declared on the behalf of Applicant who is under 21 years of age.<sup>1</sup>
- I/We have declared on behalf of the Applicant who is mentally incapacitated.<sup>2</sup>

_____	_____	_____
Name of Authorized Person 1	Signature/Thumbprint	Date
_____	_____	_____
Name of Authorized Person 2 (If joint consent is required)	Signature/Thumbprint	Date

Instructions:

1. If the Applicant is below 21, the parent or legal guardian must give consent on behalf. Please provide a copy of the NRIC of the parent/ legal guardian as part of the application.
2. If the deputy(s)/donee(s) are required to act jointly, all deputy(s)/donee(s) must provide consent on behalf of the Applicant. Please provide a copy of the Court Order/Lasting Power of Attorney and NRIC of the deputy(s)/donee(s) as part of the application. Doctor's certification is required on the section 4L. "Doctor's Certification for Mental Incapacity" for applicant who is mentally incapacitated.

#### 3L. UNABLE TO PROVIDE CONSENT ON BEHALF OF APPLICANT

(Please proceed to Section 4L "Doctor's Certification for Mental incapacity")

- No Available authorized person to provide consent for applicant (aged 21 and above) who:
  - A. Is unable to provide consent due to his/her permanent mental incapacity;
  - B. Has no deputy(s) appointed to act for him/her by the court under the Mental Capacity Act (Cap. 177A) / donee(s) appointed to act for him/her under a lasting Power of Attorney

#### 4L. DOCTOR'S CERTIFICATION FOR MENTAL INCAPACITY

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

I certify that the Applicant, \_\_\_\_\_ (Name of Applicant as in NRIC/BC), \_\_\_\_\_ (NRIC No.)  
is permanently mentally incapacitated and is unable to provide consent for his/her:

- Personal Welfare
- Property and Financial Matters
- Personal Welfare, Property and Financial Matters

_____	_____	_____
Name of Doctor	Signature.	Date
_____	_____	_____
Contact No	MCR No.	Official Stamp of Hospital/Clinic

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.