

Please tick where applicable

*Please circle which applies

A. APPLICANT'S PARTICULARS¹

Name: *(Mr/Mrs/Mdm /Ms/Miss)	<input type="text"/>	<input type="text"/>
Identification Type:	<input type="radio"/> NRIC – Singapore Citizen, Permanent Resident	Identification Number: <input type="text"/>
	<input type="radio"/> Foreign Identification No.	<input type="text"/>
	<input type="radio"/> Others (please specify): _____	
Vehicle Number:	<input type="text"/>	(For Class 1 label holders, please provide <u>one</u> vehicle number only)
Vehicle Number:	<input type="text"/>	(For Class 2 label holders, please provide <u>two</u> vehicle numbers)

¹ Applicant refers to either the Driver with Physical Disabilities (for Class 1 label holders) or the Passenger with Physical Disabilities (for Class 2 label holders).

B. REASON FOR REPLACEMENT

I would like to request for a new label because:	
<input type="radio"/> The previous label is defective	<input type="radio"/> I have lost/misplaced the previous label
<input type="radio"/> I did not receive the previous label	

C. DECLARATION

1. I declare that the information provided above to be true and correct.		
2. I am aware that the new label (if issued to me), takes precedence over the previous label.		
3. I understand that I am to return the previous label to SG Enable prior to receiving the new label.		
_____	_____	_____
Name of Applicant	Signature of Applicant	Date

SEND COMPLETED FORM TO

Email: carparklabels@sgenable.sg

Mailing address: SG Enable – Car Park Label Scheme
20 Lengkok Bahru, #01-01
Singapore 159053