



Singapore Indian Development Association

NOTIFICATION FOR CHANGE / OPT-OUT OF CONTRIBUTION TO SINDA FUND

TO THE EMPLOYER

Name of Employer : _____

Registered Address : _____

EMPLOYEE PARTICULARS

Name of Employee : _____ NRIC/FIN No : _____

Type of Resident : ☐ Singaporean ☐ Singapore PR ☐ Employment Pass Holder

Registered Address : _____

Contact Number : _____ (HP) _____ (O) _____ (H)

E-Mail Address : _____

EMPLOYEE DECLARATION

I hereby give notice, in accordance with the CPF (Contributions to Community Fund [SINDA]) Amendment Rules 2014 that with the effect from _____ (Month) _____ (Year), I wish to (please tick boxes and circle the amount accordingly):

☐ Opt out

☐ Fix my monthly contribution : \$1 / \$3 / \$5 / \$7 / \$9 / \$12 / \$18 / \$30 / Other amount: _____

Salary Bracket (please circle the salary range accordingly):

Below \$1,000 / \$1,001-\$1,500 / \$1,501-\$2,500 / \$2,501-\$4,500 / \$4,501-\$7,500 / \$7,501-\$10,000 /
/ \$10,001-\$15,000 / More than \$15,001

Please state reason for opt out / change in contribution: _____

Declared By : _____
(Signature of Employee)

Date: _____

Endorsed By : _____
(Official Stamp & Signature of SINDA Official)

Date: _____

Notes:

- 1) Complete, scan and send the form to SINDAfund@sinda.org.sg or mail it to SINDA at 1 Beatty Road, Singapore 209943, for endorsement.
- 2) Once you receive the completed form with SINDA's endorsement, submit the form to your employer to cease/ adjust deduction from your salary.
- 3) In the event of change of employment (i.e new employer), this notification will no longer be valid and a fresh application has to be made to SINDA.
- 4) Those opting out are to take note of the different payroll cut-off dates in a month. We will not refund payment already made to SINDA and deduction may only stop the month after SINDA has given its approval to your employers to cease the contribution.