Regulation 20(4)

**FORM 10**

**REPLY TO APPLICATION TO SET ASIDE DISMISSAL OR DETERMINATION**

Please use this form only if you are unable to use the electronic form at <https://www.mlaw.gov.sg/covid19-relief/set-aside-dismissal-or-determination>.

All fields are mandatory unless they are indicated as optional.

Please complete this form and submit it to the Registry. Please also serve a copy of the completed form on the other party or parties to the dismissal or determination. Refer to <https://www.mlaw.gov.sg/covid19-relief/other-modes-service> on the modes of service.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part A – Particulars of dismissal or determination** | | | | |
|  | Are you the Applicant or Respondent in the matter? |  | Applicant | |
|  | Respondent | |
|  | What is the Application no.? |  | | |
|  | What is this Reply in relation to? |  | Dismissal of application for determination | |
|  | Determination | |
|  | When was the application dismissed or determined? | Click or tap to enter a date. | | |
|  | Name of authorised representative (where applicable): | *If you are submitting this Reply on behalf of your company or business, enter your name here* | | |
| **Part B – Reasons for objecting to the Application to set aside the dismissal or determination** | | | | |
| Please set out your reasons here and enclose any supporting documents.  [Set out reasons here] | | | | |
| **Part C – Service of Reply**  Please repeat thispart if there is more than one party on whom you have served/will serve a copy of this Reply. | | | | |
| You confirm that you have served / will serve\* a copy of this Reply on the other party to the dismissal or determination: | | | |
|  | Name of party: |  | |
|  | Mode of service: | Choose an item. | |
| \* Please delete whichever is inapplicable. | | | |
| **Part D – Confirmation** | | | | |
|  | I declare that the information I have provided in this Reply and the supporting documents is true and accurate. | | | |
|  | I understand that I may be prosecuted if I have provided any information, whether in this Reply or any supporting documents, that I know or have reason to believe is false. | | | |
|  | (For a person submitting this Reply for a company or business)  I confirm that I am **authorised to act on behalf of the entity** in submitting this Reply to Application to Set Aside Dismissal or Determination and to **represent the entity** in matters relating to the Application to Set Aside Dismissal or Determination and this Reply. | | | |
| Name: | |  | | |
| Signature: | |  | | |
| Date: | | Click or tap to enter a date. | | |