Regulation 25

**FORM 11**

**APPLICATION TO CORRECT ERROR IN DETERMINATION**

Please use this form only if you are unable to use the electronic form at <https://www.mlaw.gov.sg/covid19-relief/request-to-correct-error-in-assessor> .

All fields are mandatory unless they are indicated as optional.

Please complete this form and submit it to the Registry.

|  |  |  |  |
| --- | --- | --- | --- |
| **Part A – Particulars of Determination** | | | |
|  | Are you the Applicant or Respondent in the matter? |  | Applicant |
|  | Respondent |
|  | What is the Application No.? |  | |
|  | When was the determination made? | Click or tap to enter a date. | |
|  | Name of authorised representative (where applicable): | *If you are making this Application on behalf of your company or business, enter your name here* | |
| **Part B – Reasons to support the Application to correct error in determination** | | | |
|  | What is the error that you are applying to correct? |  | |
|  | Please set out the reasons in support of your Application to correct the error and enclose any supporting documents: | *[Set out reasons here]* | |
| **Part C – Confirmation** | | | |
|  | I declare that the information I have provided in this Application and the supporting documents is true and accurate. | | |
|  | I understand that I may be prosecuted if I have provided any information, whether in this Application or any supporting documents that I know or have reason to believe is false. | | |
|  | (For a person making this Application for a company or business)  I confirm that I am **authorised to act on behalf of the entity** in submitting this Application to Correct Error in Determination and to **represent the entity** in matters relating to the said Application. | | |
| Name: | |  | |
| Signature: | |  | |
| Date: | | Click or tap to enter a date. | |