Regulation 14(3)

# **FORM 6**

# **APPLICATION FOR DETERMINATION BY ASSESSOR**

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

All fields are mandatory unless they are indicated as optional.

Please complete this form and submit the completed form to the Registry at [COVID19-REGISTRY@mlaw.gov.sg](mailto:COVID19-REGISTRY@mlaw.gov.sg)

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| --- | --- | --- | --- | --- | --- | --- |
| **Part A – Particulars of Applicant** | | | | | | |
|  | Name of Applicant**\***: | | | *e.g. XYZ Landlord Pte Ltd* | | |
|  | Unique Entity Number (UEN) (optional): | | | *Enter UEN if applicable* | | |
|  | Email address (please provide if available): | | | *Enter email address for service of documents here* | | |
|  | Contact no.: | | | *Enter phone number where you can be contacted here* | | |
|  | Address: | | | *Enter Applicant’s address here* | | |
|  | Name of authorised representative (where applicable): | | | *If you are applying on behalf of your company or business, enter your name here* | | |
| \* If you are making this Application on behalf of an entity (such as a business or company), fill in the name of the entity. | | | | | | |
| **Part B – Particulars of**   1. **the other party or other parties to the contract** 2. **any guarantor or surety of the obligation** 3. **the issuer of a related performance bond (if applicable)**   If any of the above parties is an entity (such as a business or company), you must identify the entity correctly. You should insert the entity’s name and registered address and, where available, the telephone number, email address, and Unique Entity Number of the entity.  Please repeat this part if there is more than one party. | | | | | | |
|  | Name: | | | *e.g ABC Tenant Pte Ltd* | | |
|  | Unique Entity Number (UEN) (optional): | | | *Enter UEN if applicable* | | |
|  | Address: | | | *Enter address here* | | |
|  | Email address (optional): | | | *Enter email address* | | |
|  | Contact no. (optional): | | | *Enter phone number here* | | |
|  | Representative’s name (optional): | | | *Enter name of representative if applicable* | | |
| **Part C – Notification for Relief**  If you are the person who served the Notification for Relief, please repeat this part if there is more than one party on whom the Notification for Relief was served. | | | | | | |
|  | Was the Notification for Relief served by you on the other party or parties to the contract (and if applicable, a guarantor/surety or an issuer of a related performance bond)? | | |  | Yes – I was the party who had served the Notification for Relief on the other party or parties to the contract (and if applicable, a guarantor/surety or an issuer of a related performance bond). | |
|  | No – I was the party who had received the Notification for Relief. | |
|  | If you are the person who served the Notification for Relief, please name the party you served the Notification on | | | *If the party is an entity (such as a business or company), please insert the entity's name* | | |
|  | If you are the person who served the Notification for Relief, when did you serve it? | | | Click or tap to enter a date. | | |
|  | If you are the person who served the Notification for Relief, how did you serve it? | | | Choose an item. | | |
|  | A copy of the Notification for Relief that you had either served or received must be attached to this Application. If you are the person who served the Notification for Relief, please also attach supporting documents showing that the Notification was duly served (e.g. email showing that the Notification was sent). | | | | | |
| **Part D – Reasons to support the Application for Determination** | | | | | | |
|  | Please explain why you are making an Application for Determination: | | | *e.g. The tenant has been enjoying good business until mid-February, and should still have some capital to continue paying rental. During this time, we still have mortgage payments which we rely on the rental income to pay.* | | |
|  | Are you a provider of any venue, goods or services in relation to an event or tourism-related contract? | | |  | Yes | |
|  | No | |
|  | If the answer to Q2 is yes, please provide details of any expenses that you have incurred: | | |  | | |
|  | Have you tried to reach a mutually acceptable solution with the other party or parties to the contract? | | |  | Yes | |
|  | No | |
|  | If the answer to Q4 is yes, what was the outcome of that discussion? | | |  | | |
| **Part E – Proposal** | | | | | | |
|  | Would you like to propose an alternative to the other party? | | |  | Yes  Please specify what the proposal is:  *e.g. Even if the tenant cannot all of the rent, at least pay $3,000 from March 2020 to August 2020, which will help us cover part of the mortgage payments*. | |
|  | No | |
| **Part F – Supporting Documents** | | | | | | |
|  | Is your contract in writing? | | |  | Yes  [A copy of the written contract must be attached to this Application] | |
|  | No  Please provide a description of how the contract was made and the relevant terms of the contract. You may enclose any supporting documents: | |
|  | You should submit all relevant [supporting documents](https://www.mlaw.gov.sg/covid19-relief/supporting-doc-assessor) at this stage to facilitate a timely determination. Do you have any other supporting documents? | | |  | Yes | |
|  | No | |
|  | If the answer to Q2 is yes, please:   * 1. describe briefly what these supporting documents are; and   2. attach these supporting documents to this Application. | | | *e.g. Mortgage account statement* | | |
| **Part G – Contact details for correspondence and service of notice(s) and other documents** | | | | | | |
| Correspondence, notices or documents may be sent to me at the email or postal address below: | | | | | | |
|  | | As set out in Part A (Particulars of Applicant) | | | |
|  | | As set out below: | | | |
|  | Email address: |  | |
|  | Address: |  | |
| **Part H – 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. | | | | | |
|  | I understand that I may have to seek permission from the Registrar or the assessor (if any) to amend the information submitted herein. | | | | | |
|  | (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 and to **represent the entity** in matters relating to this Application. | | | | | |
| Name: | | |  | | |
| Signature: | | |  | | |
| Date: | | | Click or tap to enter a date. | | |