

APPLICATION TO OPEN SAVINGS BANK ACCOUNT & DECLARATION BY BANKRUPT

(This form is only for the use of OA administered cases. If your case is administered by a PTIB, please approach your PTIB directly on your application.)

Comple	ete all fields:		
NAME	E:		
NRIC	NO.:		
BANK	RUPTCY NO.:		
EMAII	L ADDRESS:		
HP NO	D.:		
REGISTERED/CORRESPONDENCE ADDRESS:			
PREFE	PREFERRED LOCAL BANK:		
The application is subject to <u>all</u> outstanding administrative matters have been dealt with OR resolved with your Case Administration Officer. The application will not be processed if all relevant information above is not complete. Please submit your request via www.eservices.mlaw.gov.sg/enquiry. Your application will be processed only if: - Your Statement of Affairs has been filed and accepted by the Official Assignee; - All bank accounts in Singapore and outside of Singapore are closed (we may request document(s) to evidence the closure of the bank account(s)). You will be informed via email/post of the outcome within 7 days of your application.			
_	RATION TO BE COMPLETED BY APPLICANT ch box to indicate that you have read and under	rstood the following:	
	I understand that this application will be subject to the conditions imposed by the Official Assignee.		
	I will close all other existing bank accounts (if ar	ny).	
	I will submit to the Official Assignee details of t	the new bank account within 7 days from the	



		 Date of Application
I decla boxes.	re that I have read and understood all of the above and	I have confirmed this by ticking the
	I understand that the Official Assignee can terminate operate with the Official Assignee in the administration of	
	I understand that the Official Assignee may request to inc bank account at any point in time during the period of m	•
	I will utilise this bank account to make the monthly installed estate. (You are advised to make your monthly installed and returning the GIRO DDA Form, which is attached.)	