

APPLICATION FORM

1. APPLICATION TO *VARY/CANCEL/SUSPEND *DIRECTION/REMEDIAL ORDER/DECLARATION UNDER THE PROTECTION FROM ONLINE FALSEHOODS AND MANIPULATION ACT 2019 (*Please delete as relevant)

2. To: Minister of _____ (Please state the name of the Ministry)

Dr/Mr/Ms _____ (Please state the name of the Minister who issued the Direction /Remedial Order/Declaration)

3. Date and Serial Reference No. of Direction/Remedial Order/Declaration

(Please indicate both details as stated on the Direction/Remedial Order/Declaration)

Date of Direction/Remedial Order/Declaration (DD/MM/YYYY): _____

Serial reference number (if known): _____

PARTICULARS OF APPLICANT

4. Name of Applicant(s)

(Please state the company name if applicant is a business or corporate entity)_

(Please underline surname where applicable)

5. Address of Applicant

6. Name and Address of applicant's authorised or legal representative

(where applicable; if not please indicate "NA".)

7. Unique Entity Number (UEN)

(applicable for business or corporate entities only)

8. Address (including electronic) for service of documents

(Please indicate an e-mail address and a Singapore address where you may be served documents)

9. Contact details

(Please indicate your contact numbers, or contact details of the authorised/legal representative)

Primary contact number _____

Other number _____

PARTICULARS OF APPLICATION

10. Summary of grounds for application:

(Please set out briefly why you are applying for this Variation/Cancellation/Suspension)

11. Grounds for application:

(Please set out the arguments for each ground of your application. **You may also attach a document** stating the full grounds of your application, following instructions in section 13)

12. Relief sought:

(Please set out the redress or outcome you are seeking with this application to the Minister)

13. Attachments:

If you are attaching more than one document, please label the attachments with the serial reference number, followed by applicant's name, and the consecutive file number. Please list the attachments accordingly in the table below. You may refer to the example below for reference.

Attachment 1 DIR20191110001_JohnLee_File1
Attachment 2 DIR20191110001_JohnLee_File2
Attachment 3 DIR20191110001_JohnLee_File3

Attachment 1	
Attachment 2	
Attachment 3	

14. Applicant's Signature and Date

or Authorised/Legal Representative's signature, where applicable.

(Please sign and date below)

<hr/>	<hr/>
Signature (Applicant/Representative)	Date