# 77.

E-FORM

P.7, r.3 FJ(G)R 2024

## Acknowledgment of Service

|  |  |  |
| --- | --- | --- |
| **State the main case number:** Enter main case number here. | | *Notes* |
| **Part A** | |  |
| I received the following documents:  Originating Application  Affidavit  Others: List other document(s) here. | |  |
| When did you receive the documents?   |  | | --- | | Enter date here. | | |  |
| I received the documents  in Singapore  outside Singapore. | |  |
| *Proceed to:*   * ***Part B*** *if you are acting in-person (i.e. do not have a lawyer representing you).* * ***Part C*** *if you are represented by a lawyer.* | |  |
| **Part B** (To be completed if you are acting in-person) | |  |
| 1. | I can receive correspondence at:  *You must provide either a Singapore address or your e-mail address.* | *This information will be completed for you based on your details in Section B in the Originating Application: Generic Sections (Form 53B).* |
|  | Address (in Singapore)   |  | | --- | | Enter address here. | | *Provide the address at which you can receive Court notices. P.O. Boxes are not acceptable.* |
|  |  |  |
|  | Email   |  | | --- | | Enter email address here. | |  |
|  | **Contact Number(s)**  *You must provide at least one contact number.*  Singapore mobile number   |  | | --- | | Enter mobile number here. |     Singapore residential number   |  | | --- | | Enter residential number here. |   I do not have a Singapore contact number. |  |
|  |  |  |
| 2. | Do you require interpretation for Court hearings?   |  |  |  | | --- | --- | --- | | No. | | | | Yes. *State which language/dialect:* | | | | In  Mandarin  Malay  Tamil | | | Chinese dialects : | Select a dialect | | *Should you require the Court to provide a translator in one of these languages, please file a* ***Request for Hearing Administrative Support*** *prior to the Court event.*  *The applicable options are: Cantonese / Hakka / Hokkien / Teochew.* |
| Name: Enter full name as per NRIC/Passport here.  NRIC/FIN/Passport number: Enter identification no. here.  Date:   |  | | --- | | Enter date here. | | |  |
| **Part C** (To be completed if you are represented by a lawyer) | |  |
| I am represented by a lawyer.  *Complete the details below:*  Name of lawyer and law firm   |  | | --- | | Enter name of lawyer and law firm here. |   Lawyer’s address and email address   |  | | --- | | Enter lawyer’s address and email address here. |   **Lawyer’s Contact Number(s)**  *You must provide at least one contact number.*  Mobile:   |  | | --- | | Enter mobile number here. |   Direct line:   |  | | --- | | Enter number here. | | | *This information will be completed for you based on your details in Section B in the Originating Application: Generic Sections (Form 53B).* |
| Counsel for the Enter party type here.  Date:   |  | | --- | | Enter date here. | | |  |
| **Part D**: Return the completed Form | |  |
| Please return the completed Form to:  *Details of the other parties / other parties’ lawyers will be included in the Form.* | | *If the other party is represented by a lawyer, you may opt to serve the document through CrimsonLogic eLitigation.* |