



## Apply Jointly to Contribute CPF at Higher Rates for 1<sup>st</sup>/2<sup>nd</sup> Year Singapore Permanent Resident (SPR)

This form may take you 5 minutes to complete.

Form JAP/94 10/2017

**IMPORTANT: This is only applicable for employees who are 1<sup>st</sup>/2<sup>nd</sup> year Singapore Permanent Residents. The Board will only process the original form.** Please sign against all amendments. DO NOT use correction fluid. Incomplete forms will be rejected.

### 1 Employer's Particulars

Name of Company/Firm/Society

CPF Submission No.

\_\_\_\_\_

Full Name of Contact Officer

Contact No.

Email

\_\_\_\_\_

### 2 Employee's Particulars

**NOTE: Employee's Particulars should be as stated in the Entry Permit – Form 5/5A.**

Name as in NRIC (IN BLOCK LETTERS)

\_\_\_\_\_

NRIC/CPF Account No.

Date of Birth

Nationality

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
D D / M M / Y Y Y Y

Date of Issue of SPR

Commencement Date of Employment

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
D D / M M / Y Y Y Y

### 3 Employer's and Employee's Consent and Declaration

We declare that the information given on this form is true and correct. We agree to contribute CPF at

► Please tick one

☐ Full Contribution Rate for both Employer and Employee

☐ Full Contribution Rate for Employer and Partial (also known as graduated) Rate for Employee

Name & Designation of Authorised Officer

Date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
D D / M M / Y Y

Signature of Authorised Officer

Signature of Employee

### 4 What to Do Next?



Complete and return this form to us by mailing it to:  
**Central Provident Fund Board**  
Robinson Road P.O. Box 3060 Singapore 905060

For  
Help



Call our hotline at  
1800-227-1188

OR



Visit our website at  
www.cpf.gov.sg

We will process your application within 7 working days upon receipt of application and send a notification letter to the company's address maintained with the Board after your application is processed. The letter will state the month from which the new CPF contribution rate will be applied if your application is approved.

For Board's Use

S/No.:

Processed by:

Approved by:

Date:

Date: