

FORM 6
IMMIGRATION ACT 1959 [SECTION 55(1)]
IMMIGRATION REGULATIONS
APPLICATION FOR A PERMIT TO RE-ENTER SINGAPORE

*Mark ✓ where appropriate

**Delete where appropriate

PART I – PARTICULARS OF APPLICANT		
Full Name in BLOCK LETTERS (Underline Surname/Family Name, if any)	Chinese/Jawi/Tamil characters, if applicable	Singapore NRIC No. or UIN
Alias (if any)	Date of Birth	Sex** Male / Female
Nationality / Citizenship	Marital Status* <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Occupation	Gross Monthly Salary	
Residential Address		
Residential / Mobile No** _____		
Type of Travel Document Held	Travel Document No.	Country / Place of Issue of Travel Document
Travel Document Issue Date	Travel Document Expiry Date	
Highest Academic / Professional Qualification Attained (i.e. Degree/Diploma/Etc)	Name of School/College/University (Please state Country/Place)	

PART II - DECLARATION

I declare that all information submitted in this application is true, accurate and complete to the best of my knowledge and belief. I understand that I may be prosecuted, and any facilities, rights or privileges granted under this application withdrawn if I have concealed relevant information or provided false, inaccurate or misleading information.

I give my consent for your department to obtain and verify information provided by me in respect of this application, from or with any source, as deemed appropriate, for the assessment of my application for the Permit.

Date:

DD			MM			YYYY

Signature of Applicant /
Parent / Legal Guardian**

N.B. To be completed by the parent / legal guardian of an applicant below 16 years old.

Full Name of Parent/Legal Guardian**
(if applicable)

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Remarks