

FORM 6
IMMIGRATION ACT [CHAPTER 133, SECTION 55(1)]
IMMIGRATION REGULATIONS
APPLICATION FOR A PERMIT TO RE-ENTER SINGAPORE

*Mark ✓ where appropriate

**Delete where appropriate

NOTES:

1. Application for Re-Entry Permit (REP) must be submitted **personally** to Immigration & Checkpoints Authority (ICA). Applicants who are abroad can submit their applications through the nearest Singapore mission.
2. All REPs are issued up to a maximum of 5 years. The fee for a 5-year REP is \$50/-.
3. Estimated time to complete this application form is about 10 minutes.

PART I – PARTICULARS OF APPLICANT			
Full Name in BLOCK LETTERS * (Underline Surname) <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mdm	Chinese characters, if applicable	Singapore NRIC No. or UIN <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	
Alias (if any)	Date of Birth	Place of Birth	Gender** M / F
Race	Nationality	Marital Status * <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Malaysian ID No. (if any)	Occupation	Gross Monthly Income / Salary	
Residential Address in Singapore / Overseas*			
Telephone / Handphone No ** _____			
1 st Degree, Type & Class (e.g. BA (Hons) 2 nd Upper / Diploma)	Name of School/College/University (Please state country)	Highest Academic / Professional Qualification Attained (if different from 1 st Degree)	
Type of Travel Document Held	Travel Document No.	Place of Issue of Travel Document	
Travel Document Issue Date		Travel Document Expiry Date	
FOR OFFICIAL USE			
PR Cat	EP Cat	Remarks	

PART II - DECLARATION

I declare that the particulars and information, including documents, furnished by me in respect of this application form are true and correct to the best of my knowledge and belief, and that I have not wilfully suppressed any material fact.

I also hereby give my consent for your department to obtain and verify information from or with any source as you deem appropriate for the assessment of my application for immigration facilities.

Date:

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DD MM YYYY

Signature of Applicant /
Parent / Legal Guardian**

N.B. If the applicant is below 16 years old, this portion shall be completed by the parent / legal guardian of the applicant

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