

IMMIGRATION & CHECKPOINTS AUTHORITY

REPORT OF CHANGE OF ADDRESS (This form may take 2 minutes to complete)

NOTE TO DISEMBARKATION AND EMBARKATION (D / E) CARD HOLDER:

Please produce your D / E card when you make your report.

D / E Card Holder's Full Name in BLOCK LETTERS (Write surname first:)

New Address:

Postal District

BLOCK / HOUSE NO:

STREET NAME:

Storey No:

Unit No:

BUILDING NAME:

POSTAL DISTRICT

#

REPORT MADE AT:

Change Slip No.

Issued By:

Date:

FIN: (Enter one figure in one square)

F

To:

CONTROLLER OF IMMIGRATION,
SINGAPORE

D / E card Holder's Signature or R. T. P.

DATE OF
REPORT

DAY

MTH

YEAR

FOR OFFICE USE