

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	Country / Place of Birth	Gender** M / F
Race	Nationality / Citizenship	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** <div style="text-align: right; margin-top: 20px;"> Telephone / Handphone No** _____ </div>			
1 st Degree, Type & Class (e.g. BA (Hons) 2 nd Upper / Diploma)	Name of School/College/University (Please state Country / Place)	Highest Academic / Professional Qualification Attained (if different from 1 st Degree)	
Type of Travel Document Held	Travel Document No.	Country / 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 all information submitted in this application is true, accurate and complete to the best of my knowledge and belief. I understand that, if I have concealed relevant information or provided false, inaccurate or misleading information, I may be prosecuted and any facilities, rights or privileges granted under this application may be withdrawn.

I also hereby 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 you deem appropriate for the purpose of 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)