[v - 75]
Controller of Immigration
Immigration & Checkpoints Authority
ICA Building
10 Kallang Road #08-00
Singapore 208718

Signature/ Thumbprint

APPLICATION FOR EXTENSION OF STAY ON MEDICAL GROUNDS

Name:		Passport No:
	ove-named is under my care and I ore for a further period of	would like to support his/her application for extension of stay indays.
1)	Detailed Description of Medical	Condition:
2)	Treatment Plan and Frequency	y of Treatment:
3) 4)	· · · · · · · · · · · · · · · · · · ·	
5)	Is it life threatening for patient to	
Name of Doctor:		Signature:
Name & address of Clinic:		Date:
		Tel No. of Clinic:
Declar	ation of Patient/Applicant:	
confide	l,ntial medical information includin	give my consent for the disclosure of any g diagnosis to the Immigration & Checkpoints Authority.
		Date: