



**MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT  
OFFICE OF THE PUBLIC GUARDIAN  
REGISTRATION FORM FOR PROFESSIONAL DEPUTIES**

<b>SECTION A: TYPE OF REGISTRATION</b>	
<b>Areas to Cover</b>	<input type="checkbox"/> Personal Welfare <input type="checkbox"/> Property & Affairs <input type="checkbox"/> Both
<b>SECTION B: PERSONAL PARTICULARS</b>	
<b>Full Name as in ID (Block Letters)</b>	
<b>Date of Birth (DD/MM/YYYY)</b>	
<b>NRIC Number</b>	
<b>Office Address</b>	
<b>Correspondence Address</b>	
<b>Contact Details</b>	Mobile No :
	Residential No :
	Office No :
	Email address :
<b>SECTION C: PROFESSIONAL QUALIFICATIONS</b>	
<b>Profession (To select one only)</b>	<input type="checkbox"/> <b>Singapore Qualified Lawyer</b> (Advocates and Solicitors) [Legal Profession Act] <input type="checkbox"/> <b>Registered Public Accountant</b> [Accountants Act] <input type="checkbox"/> <b>Registered Chartered Accountant</b> [Singapore Accountancy Commission Act] <input type="checkbox"/> <b>Registered Medical Practitioner</b> [Medical Registration Act] <input type="checkbox"/> <b>Registered Allied Health Professional</b> [Allied Health Professions Act] <input type="checkbox"/> <b>Registered Nurse</b> [Nurses & Midwives Act] <input type="checkbox"/> <b>Registered Social Worker or Registered Social Service Practitioner</b> [Social Work Accreditation & Advisory Board]
<b>Registration Number of Professional Practising Certificate</b>	
<b>Validity Period of Professional Practising Certificate</b>	
<b>SECTION D: EMPLOYMENT DETAILS</b>	
<b>Name of Current Firm / Organization</b>	
<b>Start date of Employment (DD/MM/YYYY)</b>	
<b>Occupation / Position Held</b>	

**SECTION E: CRITERIA FOR REGISTRATION**

**Please tick the relevant box. Do note that if any of the criteria is not met, your application for registration will be rejected and the registration fee of \$550 will not be refunded.**

(a) Are you a Singapore citizen or Permanent Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Have you practised in your profession for a continuous period of at least 5 years immediately before the date of application; or been appointed as a deputy by the court under the Mental Capacity Act (Cap 177A); or acted as counsel for the applicant in a case involving the Mental Capacity Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No Case number: _____ Date of Deputyship appointment: _____
(c) Do you intend to provide services of a professional deputy in the course of your employment, or as part of the practice of your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Do you have a credit rating of "BB" (and above) from the Credit Bureau (Singapore) Pte Ltd?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Have you completed and passed the training course conducted by the Singapore University of Social Sciences, in respect of the following modules:	
i) Training course relating to the general duties and responsibilities of a professional deputy;	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii) Training course relating to the making of decisions in respect of P's personal welfare;	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii) Training course relating to the making of decisions in respect of P's property and affairs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you pass the course more than 6 months before the date of this application for registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Are you a bankrupt or discharged bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(g) Do you have any pending bankruptcy proceedings against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(h) Have you been convicted of an offence specified in Regulation 2 of the Mental Capacity (Registration of Professional Deputies) Regulations 2018 or any offence similar to a specified offence elsewhere (otherwise referred to as a similar foreign offence)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(i) Do you have any pending criminal proceedings against you in respect of the specified offences or similar foreign offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(j) Do you have a judgment entered against you / a claim made against you in any civil proceedings (whether in Singapore or elsewhere) involving any allegation of deceit, fraud or fraudulent misrepresentation, breach of fiduciary duty or breach of trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(j) Are you subject to any disciplinary proceedings by the professional body applicable to your profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(k) Have you been found guilty of professional misconduct by your professional body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(l) Has the court made any orders to revoke or suspend your powers as a donee or deputy, due to your acting in a way	<input type="checkbox"/> Yes <input type="checkbox"/> No



that would not be in the best interests of the person you are acting on behalf of?	
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**SECTION F: DECLARATION**

**Please read and sign the following:**

1. I, \_\_\_\_\_ (name of applicant), understand that the information that I have provided in all the sections of this application form and the documents attached (“Personal Information”) is required for the purpose of assessing my suitability to be registered as a professional deputy under Regulation 3 of the Mental Capacity (Registration of Professional Deputies) Regulations 2018.
2. I give my consent to the Government of the Republic of Singapore as represented by the Ministry of Social and Family Development (“MSF”) to collect, share, and use my Personal Information for the purpose stated in paragraph 1.
3. I declare that I have no past criminal convictions, including convictions for which my records have been treated as spent or not kept in the register, pursuant to sections 7E and 7F of the Registration of Criminals Act (Cap.268).
4. I further give my consent to MSF to verify the Personal Information that I have provided with other government and/or external agencies, if MSF deems it necessary.
5. I acknowledge that if my application is incomplete or payment is not made, MSF will not process my application.
6. I hereby declare that the Personal Information that I have provided is true and accurate. I understand and am aware that giving false information may render me liable to prosecution under section 182 of the Penal Code, and if found guilty, I may be punished with an imprisonment term of up to a year, a fine of up to \$5,000, or with both.
7. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

**Full Name as in  
NRIC and Signature**

**Date  
(DD/MM/YYYY)**



CHECKLIST ON COMPLETION OF THE APPLICATION FORM



ANNEX A

To facilitate the processing of your application, do ensure that you have enclosed the following documents:

S/N	Documents required (to submit clear photocopy of the documents 2-6)	To tick once attached
1	Completed Application Form	<input type="checkbox"/>
2	Copy of your NRIC [front and back of NRIC]	<input type="checkbox"/>
3	Certified True Copy of Proof of Practising Certificate	<input type="checkbox"/>
4	Certificate as proof of completion and passing of Training Course	<input type="checkbox"/>
5	Certified True Copy of Bankruptcy Search Result [to be dated within the last 7 days from the date of this Application]	<input type="checkbox"/>
6	Certified True Copy of Credit Rating Result [to be dated within the last 7 days from the date of this Application] <ul style="list-style-type: none"> <li>Credit report can be made with Credit Bureau Singapore. More details are available at <a href="http://www.creditbureau.com.sg">www.creditbureau.com.sg</a>.</li> </ul>	<input type="checkbox"/>
7	Cheque of S\$550.00 payable to 'AG/MSF' (*Do note that this is <b>non-refundable</b> )	<input type="checkbox"/>

Please send the package to:

**Office of Public Guardian**  
**Ministry of Social and Family Development**  
**20 Lengkok Bahru, #04-02,**  
**Family@ Enabling Village,**  
**Singapore 159053**

For Official Use Only	
Date of application:	Remarks:
Completed Application : <input type="checkbox"/> Yes <input type="checkbox"/> No	