**MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT**

Photo

**OFFICE OF THE PUBLIC GUARDIAN**

**REGISTRATION FORM FOR PROFESSIONAL DEPUTIES**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION A: TYPE OF REGISTRATION** | | | | | | | |
| **Areas to Cover** | | Personal Welfare  Property & Affairs  Both | | | | | |
| **SECTION B: PERSONAL PARTICULARS** | | | | | | | |
| **Full Name as in ID**  **(Block Letters)** | | Click or tap here to enter text. | | | | | |
| **Date of Birth (DD/MM/YYYY)** | | Click or tap here to enter text. | | | | | |
| **NRIC Number** | | Click or tap here to enter text. | | | | | |
| **Office Address** | | Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | | | | | |
| **Correspondence Address (if different from the above)** | | Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | | | | | |
| **Contact Details** | | Mobile No:Click or tap here to enter text. | | | Office No:Click or tap here to enter text. | | |
| Residential No: Click or tap here to enter text. | | | Email:Click or tap here to enter text. | | |
| **SECTION C: PROFESSIONAL QUALIFICATIONS** | | | | | | | |
| **Profession**  ***(To select one only)*** | | **Singapore Qualified Lawyer** (Advocates and Solicitors) [Legal Profession Act 1966]  **Registered Public Accountant** [Accountants Act 2004]  **Registered Chartered Accountant** [Accounting and Corporate Regulatory Authority Act 2004]  **Registered Medical Practitioner** [Medical Registration Act 1997]  **Registered Allied Health Professional** [Allied Health Professions Act 2011]  **Registered Nurse** [Nurses & Midwives Act 1999]  **Registered Social Worker or Registered Social Service Practitioner** [Social Work Accreditation & Advisory Board] | | | | | |
| **Registration Number of Professional Practising Certificate** | | Click or tap here to enter text. | | | | | |
| **Validity Period of Professional Practising Certificate (if applicable)** | | Click or tap here to enter text. | | | | | |
| **SECTION D: EMPLOYMENT DETAILS** | | | | | | | |
| **Name of Current Firm / Organization** (pls provide a copy of your current name card) | | Click or tap here to enter text. | | | | | |
| **Start date of current employment (DD/MM/YYYY)** | | Click or tap here to enter text. | | | | | |
| **Occupation / Position Held** | | Click or tap here to enter text. | | | | | |
| **Does your company / organisation approve of your intention to be registered as a Professional Deputy?** | | | | Yes  No | | | |
| **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 $505 will not be refunded.** | | | | | | | |
| 1. Are you a Singapore citizen or Permanent Resident | | | | | | Yes  No | |
| 1. 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 2008; or acted as counsel for the applicant in a case involving the Mental Capacity Act 2008? | | | | | | Yes  No  Case number:  Click or tap here to enter text.  Date of Deputyship appointment:  Click or tap here to enter text. | |
| 1. 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? | | | | | | Yes  No | |
| 1. Do you have a credit rating of “BB” or “AA” from the **Credit Bureau Singapore** Pte Ltd? | | | | | | Yes  No | |
| 1. Have you completed and passed the training courses: 2. Training course relating to the general duties and responsibilities of a professional deputy (General Module); 3. Training course relating to the making of decisions in respect of P’s personal welfare (PW); 4. Training course relating to the making of decisions in respect of P’s property and affairs (PA). 5. Have you passed the re-registration examination conducted by the Office of the Public Guardian [if applicable]   Did you pass the course more than 6 months before the date of this application for registration? | | | | | | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No | |
| 1. Are you a bankrupt or discharged bankrupt? | | | | | | Yes  No | |
| 1. Do you have any pending bankruptcy proceedings against you? | | | | | | Yes  No | |
| 1. 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)? | | | | | | Yes  No | |
| 1. Do you have any pending criminal proceedings against you in respect of the specified offences or similar foreign offence? | | | | | | Yes  No | |
| 1. 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? | | | | | | Yes  No | |
| 1. Are you subject to any disciplinary proceedings by the professional body applicable to your profession? | | | | | | Yes  No | |
| 1. Have you been found guilty of professional misconduct by your professional body? | | | | | | Yes  No | |
| 1. Has the court made any orders to revoke or suspend your powers as a donee or deputy, due to your acting in a way that would not be in the best interests of the person you are acting on behalf of? | | | | | | Yes  No | |
| **SECTION F: DECLARATION** | | | | | | | |
| **Please read and sign the following:**   1. I, Click or tap here to enter text.(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 1949. 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** | Click or tap here to enter text. | | **Date (DD/MM/YYYY)** | | | | Click or tap here to enter text. |

Please state the following information to be listed on the OPG website after your application to be a registered PDD is approved.

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| --- | --- | --- |
| **PERSONAL PARTICULARS TO BE LISTED ON OPG WEBSITE** | | |
| **Full Name as in ID**  **(Block Letters)** | Click or tap here to enter text. | |
| **Office Address** | Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | |
| **Contact Details** | Mobile No : Click or tap here to enter text. | Office No : Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. | |

**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** |
|  | Completed Application Form |  |
|  | Copy of your NRIC [front and back of NRIC] |  |
|  | Certified True Copy of Proof of Practising Certificate |  |
|  | Certificate as proof of completion and passing of Training Course |  |
|  | Bankruptcy Search Result [to be dated within the last 7 days from the date of this Application] |  |
|  | Credit Rating Result [to be dated within the last 7 days from the date of this Application]   * Credit report can be made with **Credit Bureau Singapore**. More details are available at [www.creditbureau.sg](http://www.creditbureau.sg). |  |
|  | Employment records |  |

Please send your application with the scanned copies of the supporting documents to [**enquiry@publicguardian.gov.sg**](mailto:enquiry@publicguardian.gov.sg) **or to**

**The Office of Public Guardian**

**Ministry of Social and Family Development**

**20 Lengkok Bahru, #04-02,**

**Family@ Enabling Village,**

**Singapore 159053**

OPG will contact you for the payment of the registration fee ($505) after we have received and reviewed your application. Thank you.

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| --- | --- |
| **For Official Use Only** | |
| **Date of application:** | **Remarks:** |
| **Completed Application :**  Yes  No |