



**SINGAPORE SILAT FEDERATION  
INSTALMENT REQUEST APPLICATION**

|  |                     |                        |                   |
|--|---------------------|------------------------|-------------------|
| <b>Date of Application:</b>              |                     |                        |                   |
| <b>Name:</b>                             |                     |                        |                   |
| <b>Email:</b>                            |                     | <b>Contact Number:</b> |                   |
| <b>FAMILY DETAILS</b>                    |                     |                        |                   |
| <b>Full Name</b>                         | <b>Relationship</b> | <b>Birthdate</b>       | <b>Occupation</b> |
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| <b>Reason to request for instalment:</b> |                     |                        |                   |
|  |                     |                        |                   |

12 months CPF contribution of every household member

Any other documentation to support application which indicated difficulties to pay membership in full

Applicant to attach supporting documents together with completed request form to [fiona@persisi.org](mailto:fiona@persisi.org).

Incomplete application will be rejected immediately.

I understand that Singapore Silat Federation reserves the right to reject my application

I believe that Singapore Silat Federation will provide the best outcome and I will not counterclaim the decision made

I declare all information provided is true and updated

Name of applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

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