

SDNTrust Accreditation Application Form - Dating Agency

This form may take you 10 minutes to complete.

You will need the following documents when filling up the form:

- i) Latest Updated Business Profile from ACRA;
- ii) Educational Certificates; and
- iii) NRIC of Owners, Directors, and Key Manager(s)

Instructions:

1. Please complete the form in full and enclose all required documents. Any omission may delay the application process.
2. Please write or print clearly. Where not applicable, please indicate "NA".
3. Please enclose a cheque of \$550, made payable to "Transfingo Pte. Ltd." for the application fee. Transfingo Pte. Ltd. has been appointed by the Social Development Network to administer the SDNTrust Accreditation applications.
4. Please mail to the administrator, c/o Transfingo Pte. Ltd at:

10 Ubi Crescent, #05-75, Ubi Techpark Lobby D Singapore 408564

(* If the applicant is the owner of an Agency, the relevant information on the Agency should be provided.

PART 1 : PARTICULARS OF APPLICANT (DATING AGENCY)

Registered Company/Business Name	Company/Business Registration No(s)
Business Name	Tel No
Registered Address	Fax No
Business Address (if different from above address)	Email Address
Name & Designation of Contact Person	Website URL

PART 2 : PARTICULARS OF KEY MANAGER

Name (as in NRIC)	NRIC No.
Home Address	Mobile Tel No.
Designation	Office Tel No.
Email Address	Fax No.

PART 3 : DECLARATION

Note:

A) Each Owner, Director, and Key manager of the company is required to complete this section. Please make additional copies of this part if necessary.

B) Please answer the following questions by deleting “Yes” or “No” as appropriate.

- (a) Have you ever been convicted in a court of law of Singapore or in any country?
Yes/No
- (b) Are you or have you been under any financial embarrassment?
Yes/No
- (c) Are you an undischarged bankrupt?
Yes/No
- (d) Do you have unsecured debts and liabilities of more than 3 months of last-drawn pay?
Yes/No
- (e) Have you signed a promissory note or an acknowledgment of indebtedness?
Yes/No
- (f) Are you currently receiving, or have you received medical treatment in the last twelve months?
Yes/No

If your answer is “yes” to any of the questions above, please give details:

I declare that the facts stated in this application form are true and correct to the best of my knowledge and I have not intentionally suppressed any material fact. I also declare that the business/ company is currently free from any litigation. I understand that I may be required to attend an interview to clarify the information given in this application. I also understand that the SDNTrust Secretariat reserves the right to appoint representatives to conduct on-site visits during the screening process and may request for interim reporting of deliverables as and when required. I have read, fully understand and accept the Terms and Conditions of SDNTrust Accreditation listed in Section 14 of the Information Kit, and all requirements of the SDNTrust Accreditation. I accept that if any of the information given by me in this application is in any way false or incorrect, my application may be rejected.

Authorised Signatory Name Designation	Official Company Stamp/Date
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FOR OFFICIAL USE

Date Received:	Reference No:
Payment Received : Yes/No	Cheque No: