



AUTOMOBILE ASSOCIATION  
OF SINGAPORE

## INTERNATIONAL DRIVING PERMIT (IDP) APPLICATION FORM

- This form is intended for mail-in application only. Please print out and fill in your particulars. Please note incomplete forms will not be processed.
- Enclose the following documents:
  - One (1) copy of your valid Singapore Driving Licence (front and back), please ensure minimum validity of 6 months or more for Employment Pass/S-Pass/work permit;
  - One (1) copy of your NRIC (front and back ) for Singaporeans/PRs, OR
  - One (1) copy of your valid Employment Pass/S-Pass/work permit (minimum validity of 6 months or more for Foreigners);
  - Two (2) recent passport-size photographs
- Upon completion of this application form, please mail it together with the above documents to:  
Automobile Association of Singapore  
535 Kallang Bahru #02-08 GB Point Singapore 339351
- The application cost is S\$25.00 (non-GST chargeable) for each IDP application.
- For IDP booklet to be returned by post, please note there is an additional S\$4.00 for local AR registered mail.
- The lead time for processing of the application is 5 working days excluding postage time upon receipt of the application. It takes an additional 3 working days for delivery via local registered mail.

1. Name of Applicant (Please underline surname):  Dr  Mr  Mrs  Ms  Mdm

2. Address in Singapore:

Postal Code:

3. Mailing Address (if it differs from above):

Postal Code:

4. Place / Date of Birth:

5. Contact Number (HP/Home):

6. Singapore Driving Licence No:

7. Expiry Date of Driving Licence (For Foreigners who are holding a valid Singapore Driving licence only):

Email Address:

8. Class of vehicles licensed (Please tick):  Class 2  Class 3  Class 4  Class 5  Class 2A  Class 4A  Class 2B  Class 4B  Class 3A  Class 4C

9. Countries you intend to visit:

10. Your preferred way to collect your IDP Booklet (Please tick one):

S\$25 for self-collection at Kallang Bahru  
(Once the IDP booklet is ready, we will contact you)

S\$29 for IDP booklet to be mailed to my local mailing address

11. Payment

Via Credit card :  VISA  MASTER  AMEX  DINERS

Credit Card No:

Expiry Date:

CVV no:

Cardholder's Name:

Amount Charged:

Signature of Cardholder:

Via Cheque:

Please make cheque payable to 'AAS'. My bank name and cheque number \_\_\_\_\_ with an amount of S\$\_\_\_\_\_ is enclosed. Please write down your name and NRIC on the back of the cheque.

12. Declaration

I confirm that the above information provided to be true and correct.

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

Date: \_\_\_\_\_

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\* Terms and Conditions apply.