Central Provident Fund Board
79 Robinson Road, CPF Building, Singapore 068897
Website: www.cpf.gov.sg CPF Call Centre: 1800-227 1188

Clinical Report Authorisation Form
This form may take you 3 minutes to complete

It is an offence to make any false statement or to produce any document which is false for any purpose in connection with the Central Provident Fund Act (Cap. 36).
Please sign against any amendment made. Use of correction fluid/tape may render the application void.

To: Doctor – In – Charge
I hereby authorise you to furnish a detailed medical report to the Central Provident Fund Board on:

Name of Patient   - _____

NRIC   - | * S / T | | | | | | | |

Illness(es)   - _____

Doctor   - _____

Hospital / Clinic   - _____

Date   - _____

I agree that a photocopy of this authorisation shall be as effective and valid as the original. The medical report is required to support the application for withdrawal of CPF savings on medical grounds under Section 15 of the Central Provident Fund Act.

- **If the patient is <u>below 21 years old</u>, the following section must be completed by his parent / legal guardian.**
- **If the patient has attained 21 years of age and has mental capacity, the following section must be completed by him.**

_____   _____
Signature / Right Thumbprint of *patient /   Contact No.
patient's parent / patient's legal guardian

_____   _____
Date   Email Address

- **If the patient has attained 21 years of age and <u>lacks mental capacity</u>, the following section must be completed by his next-of-kin (NOK) and a witness. Both NOK and witness must have attained 21 years of age and have mental capacity.**

_____   _____
Signature / Right Thumbprint of next-of-kin   Signature / Right Thumbprint of Witness

Name: _____   Name: _____

NRIC: _____   NRIC: _____

Relationship with patient: _____   Email: _____

Email: _____   Contact No.:_____

Contact No.:_____   Date: _____

Date: _____

* Delete whichever is inapplicable.

(01 / 2014)