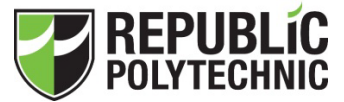


Student ID: _____ Student Full Name: _____



Annex B

Note: This form is for family members to declare Other Declared Income (ODI) and other information. This form is **not required** if there is nothing to declare. Please print out this form and use a wet-ink signature for the form. All fields in this form are to be duly completed.

**FINANCIAL ASSISTANCE SCHEME APPLICATION
DECLARATION FORM**

I, *Mr/Mdm/Ms _____ NRIC No. _____

*parent/guardian/sibling/relative of _____ NRIC No. _____

hereby declare that:

- _____

- _____

I declare that the information provided above is true to the best of my knowledge and belief. I understand that if the information provided by me is intentionally false or misleading, I may be required to repay all grants, subsidies, financial assistance and/or services provided to me or my family, with the administrative expenses incurred. I may also be liable to criminal prosecution and be subjected to disciplinary action by RP, if any of the information provided is subsequently found to be falsely declared or if I am found to have suppressed or omitted material information or facts relevant to my bursary and financial assistance application.

Signature of Family Member

Date