To:

RETURNING OFFICER

Elections Department

From:

PAYER as mentioned below

SECTION A: PAYMENT DETAILS

Fill in the payer particulars and number of election deposit(s) to be paid.

Name (as in NRIC)	NRIC	
	S	
Email		
Contact no. (mobile no. preferred)		
No. of election deposit(s)	Total amount (S\$)	

SECTION B: NAME TO BE PRINTED ON EACH RECEIPT

Fill in the political party name. (To indicate NA if the candidate does not belong to any political party.)

Political party name		
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Fill in the candidate name so that it will be printed on the receipt. (Fill in the number of rows corresponding to the number of election deposits paid. If there is insufficient space, you may attach a separate sheet.) Providing candidate name is optional, you may choose not to fill in the rows below.

s/n	Candidate name
1	
2	
3	
4	
5	

SECTION C: RETURN DETAILS

Choose your return mode and fill in the relevant details.

I authorise the Elections Department to:

Return my election deposit(s) by electronic funds transfer. My bank details are as provided:

Bank name	
Account holder name	
Bank account no.	

Return my election deposit(s) by cheque to be collected at the Elections Department:

Signature of Payer

Date

FOR ELECTIONS DEPARTMENT USE

Issued by	:	
Date & time issued	:	
Transaction no.	:	
No. of receipt(s) issued	:	
Receipt no(s).	:	