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Controller of Immigration
Immigration & Checkpoints Authority
ICA Building
10 Kallang Road #08-00
Singapore 208718

APPLICATION FOR EXTENSION OF STAY ON MEDICAL GROUND

Name: _____ Passport No: _____

The abovenamed is under my care _____

(State diagnosis)

I would like to support his/her application for extension of stay in Singapore for a further period of _____ days for the following reasons:-

Name of Doctor:	Signature:
Name & address of Clinic:	Date:
	Tel No. of Clinic:

Declaration of Patient/Applicant:

I, _____ give my consent for disclosure of any confidential medical information including diagnosis to the Immigration & Checkpoints Authority.

Signature/ Thumbprint

Date: _____