Regulation 15

**FORM 8**

# **RESPONSE TO APPLICATION FOR DETERMINATION**

Please use this form only if you are unable to use the electronic form at <https://www.mlaw.gov.sg/covid19-relief/application-for-assessor>.

All fields are mandatory unless they are indicated as optional.

Please complete this form and submit it to the Registry. Please also serve a copy of the completed form on the relevant parties. Refer to <https://www.mlaw.gov.sg/covid19-relief/other-modes-service> on the modes of service.

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| --- | --- | --- | --- | --- | --- | --- |
| **Part A – Particulars of Respondent** | | | | | | |
|  | Name of Respondent\*: | | | *e.g. ABC Tenant Pte Ltd* | | |
|  | Unique Entity Number (UEN) (optional): | | | *Enter UEN if applicable* | | |
|  | Email address (please provide if available): | | | *Enter email address for service of documents here* | | |
|  | Contact no: | | | *Enter phone number where you can be contacted here* | | |
|  | Address: | | | *Enter Respondent’s address here* | | |
|  | Name of authorised representative (where applicable): | | | *If you are submitting this Response on behalf of your company or business, enter your name here* | | |
| **\***If you are submitting this Response on behalf of an entity (such as a business or company), fill in the name of the entity. | | | | | | |
| **Part B – Information on Application for Determination**  Please enter information of the Application which was served on you below. | | | | | | |
|  | Name of Applicant : | | | *e.g. XYZ Landlord Pte Ltd* | | |
|  | Date the Application for Determination was served: | | | Click or tap to enter a date. | | |
|  | Application no.: | | |  | | |
| **Part C – Particulars of Response** | | | | | | |
|  | Please explain, giving detailed reasons and with supporting documents, why you disagree with the Application for Determination: | | | *e.g. Our business started to slow down in January 2020 and there were no profits from February 2020. We are setting aside more than 50% of our remaining capital to pay our employees’ salaries for March to May 2020, and to pay our suppliers, utilities, and service charges.* | | |
|  | Are you a provider of any venue, goods or services in relation to an event or tourism-related contract? | | |  | | Yes |
|  | | No |
|  | If the answer to Q2 is yes, please describe and provide particulars of any expenses which you have incurred: | | |  | | |
|  | Have you tried to discuss the matter with the other party to see if you can both reach a mutually acceptable solution? | | |  | | Yes |
|  | | No |
|  | If the answer to Q4 is yes, what was the outcome of that discussion? | | |  | | |
| **Part D – Proposal** | | | | | | |
|  | Would you like to propose an alternative to the other party? | | |  | | Yes  Please specify what the proposal is:  *e.g. We cannot pay $3,000, but can pay $2,500 from March 2020 to August 2020. We would also like to request that the landlord grant us a rent reduction* *of 20% from March 2020 to December 2020, to reduce the arrears.* |
|  | | No |
| **Part E – Supporting Documents** | | | | | | |
|  | You should submit all relevant [supporting documents](https://www.mlaw.gov.sg/covid19-relief/supporting-doc-assessor) at this stage to facilitate a timely determination. Do you have any other supporting documents? | | | |  | Yes |
|  | No |
|  | If the answer to Q1 is yes, please:   * 1. describe briefly what these supporting documents are; and   2. attach these supporting documents to this Response. | | | | *e.g. P/L for January and February 2020.* | |
| **Part F – Service of Response**  Please repeat this part if there is more than one party on whom you have served/will serve a copy of this Response. | | | | | | |
| You confirm that you have served / will serve\* a copy of this Response on the party below: | | | | | | |
|  | Type of party: | | | *Please indicate if this is: (a) the Applicant;*  *(b) any other party to the contract;*  *(b) a guarantor or surety of the obligation; or*  *(c) the issuer of a related performance bond.* | | |
|  | Name: | | | *If the party is an entity, please state the name of the entity.* | | |
|  | Mode of service: | | | Choose an item. | | |
| \* Please delete whichever is inapplicable. | | | | | | |
| **Part G – Contact details for correspondence and service of notice(s) and other documents** | | | | | | |
| Correspondence, notices or documents may be sent to me at the email or postal address below: | | | | | | |
|  | As set out in Part A (Particulars of Respondent) | | | | | |
|  | As set out below: | | | | | |
| (a) | Email address: |  | | | |
| (b) | Address: |  | | | |
| **Part H – Confirmation** | | | | | | |
|  | I declare that the information I have provided in this Response and the supporting documents is true and accurate. | | | | | |
|  | I understand that I may be prosecuted if I have provided any information, whether in this Response or any supporting documents, that I know or have reason to believe is false. | | | | | |
|  | I understand that I may have to seek permission from the Registrar or the assessor (if any) to amend the information herein. | | | | | |
|  | (For a person submitting this Response for a company or business)  I confirm that I am **authorised to act on behalf of the entity** in submitting this Response and to **represent the entity** in matters relating to the Application for Determination and this Response. | | | | | |
| Name: | | | |  | | |
| Signature: | | | |  | | |
| Date: | | | | Click or tap to enter a date. | | |