

**APPLICATION FOR SEAT BELT FINANCIAL ASSISTANCE  
(ADDITIONAL ASSISTANCE FOR SMALL SCHOOL BUSES\*)**

You may take about 5 minutes to complete this form.

You may need the following information to fill in this form.

1. The vehicle registration number of the retrofitted / replaced bus; and
2. The NRIC No./ Company/ Business Registration Cert. No. of the registered owner of the vehicle.

Please complete this Application Form and **mail** it with the *Letter of Certification from the school, kindergarten or childcare centre that you are serving to:*

**Land Transport Authority  
10 Sin Ming Drive Singapore 575701  
Attention: Manager, Bus Regulation**

- If submitting in person, please drop the documents in the submission box labelled “**Application for Seat Belt Financial Assistance**”, which is located at the ground level of LTA’s Office at 10 Sin Ming Drive.
- Please note that we are **unable to accept** applications by fax or e-mail.
- The deadline for application is 30 June 2013.
- The additional assistance is given to eligible small bus owners 12 months from the date of certification of the retrofitting works on existing bus by the Vehicle Inspection Centre, or registration of replacement bus.
- The bus must have been used to ferry school children for the preceding 12 months before claim.

\* Small buses refer to buses with seating capacity for 15 passengers or less, and with maximum laden weight not exceeding 3,500 kg.

**CLAIMANT’S INFORMATION**

<b>Name of Registered Owner:</b>	<b>NRIC No./ Company/ Business Registration Cert. No.:</b>
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**Address of Registered Owner:**

<b>Contact No.:</b>	<b>(Office)</b>	<b>(Mobile)</b>	<b>(Home)</b>
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<b>Vehicle Registration No.:</b>	<b>School Served:</b>
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**DECLARATION**

I certify that all the information and supporting documents furnished are true and correct.

\_\_\_\_\_

Date

\_\_\_\_\_

Name / Signature of Registered Owner & Company Stamp  
(if applicable)

**FOR OFFICIAL USE ONLY**

**Bus was retrofitted/ replaced in:**

Year 1 (16/10/2008 – 31/12/2009)  Year 2 (01/01/2010 – 31/12/2010)  Year 3 (01/01/2011 – 31/12/2011)

**CERTIFICATION for Payment (To be completed by the Certifying Officer)**

I hereby certify that this claim has been checked by me and is found to be in order for payment.

\_\_\_\_\_

Date

\_\_\_\_\_

Name / Designation / Signature of Certifying Officer

**APPROVAL for Payment (To be completed by the Approving Officer)**

I am satisfied that this claim is in order for payment.

\_\_\_\_\_

Date

\_\_\_\_\_

Name / Designation / Signature of Approving Officer