

**APPLICATION FOR SEAT BELT FINANCIAL ASSISTANCE
(BASELINE ASSISTANCE FOR SMALL 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 numbers of the new and replaced buses; 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 *Approval Letter for Replacement of Bus* 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.
- Please note that we **do not accept** applications by fax or e-mail.
- The deadline for application is 30 June 2012 for buses fetching school children, and 30 June 2014 for other buses not fetching school children.
- For buses used to ferry school children, the additional financial assistance will be given 12 months from the date of retrofitting or replacement, and subject to the bus continuing to transport school children over the next 12-month period.

* 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 (*delete accordingly)

Name of Registered Owner: _____ NRIC No./ Company/ Business Registration Cert. No.: _____

Address of Registered Owner: _____

Contact No.: _____ (Office) _____ (Mobile) _____ (Home)

Vehicle Registration No.: _____ De-registered Vehicle Registration No.: _____

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

Replacement bus is a * small / big bus.

CERTIFICATION for Refund (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 refund.

_____ Date _____ Name / Designation / Signature of Certifying Officer

APPROVAL for Refund (To be completed by the Approving Officer)

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

_____ Date _____ Name / Designation / Signature of Approving Officer