FAX TO:
SMRT Investments Pte Ltd
Commercial Department
FAX NO: 6337 5110

Subject to Contract & Availability

*** Please read the Terms and Conditions and Rules for the Short Term Licence of Event Space carefully before completing this application form.**

*** SMRT reserves the right to reject this application without assigning any reason thereof.**
*** Please attach separately the relevant pictures and proposals/concept of the event for our consideration.**
*** Incomplete submissions will not be accepted.**
*** Should the payee's name for refund of security deposit different from below, please write us an authorisation letter upon execution of Licence Agreement.**

APPLICATION FORM FOR RENTAL OF EVENT SPACES

PART 1: APPLICANT DETAILS

(Please tick accordingly) Tenant: ☐ Non-Tenant: ☐

Licensee Name:	Mailing Address:

Principle Business/Trade (To attach ROC):
Business Registration Number:

Contact Details

Name in Full:
Name of authorised signatory:
NRIC No. :
Designation:
Tel:
HP:
Fax:
Email:

PART 2: EVENT SPACE DETAILS

Description of Event:

Method of Promotion:

Event Hours: am to pm

STATION/ BUS INTERCHANGE	LOCATION	DIMENSION	DATE	LICENCE FEE

For official use:

No of : Weekdays | Weekends

Note : Weekdays: Mon - Thur; Weekends: Fri - Sun

Please submit following documents :

- [X] Layout plan & visual (if any)
- [X] SCDF application/ approval
- [ ] NEA application
- [ ] PE's endorsement

TOTAL LICENCE FEE : _____ (after less %)
ADMIN FEE _____
GST (@7%) _____
SECURITY DEPOSIT : _____
TOTAL AMOUNT PAYABLE : _____

Other remarks: Please reply via email with attached document by _____ or the booking will be released.

PART 3 : ACKNOWLEDGEMENT

We acknowledge that we have read the Terms & Conditions and Rules for the License of Short Term Event Space and agree to be bound by these said terms governing this application. We understand this application shall be subject to contract and availability. We undertake not to assign or transfer this application to a third party.

_____ _____
Authorised Signature/Date **Company Stamp**

PART 4 : FOR OFFICIAL USE

Remarks:

Approve: ☐
Reject: ☐

Approved by: _____
Signature / Date