



CLIENT REGISTRATION / UPDATE

PERSONAL PARTICULARS				Affix passport-size photo here
Name (Mr/Ms/Mrs/Mdm/Dr/Rev)				
NRIC No.		Date of Birth		
Address	Postal Code ()			
Email Address			Nationality	
Home Tel No.		Fax No.		Handphone No.
Occupation			Gender	Male / Female
Company's Name & Address			Company Tel / Fax / Email	
Race	Chinese / Malay / Indian / Eurasian / Others _____			
Marital Status	Single / Married / Separated / Divorced / Widowed			
Religion	Buddhism / Christianity / Islam / Hinduism / Not Applicable / Others _____			
Educational Level	None/Kindergarten/PSLE/GCE 'N'/GCE 'O'/GCE 'A'/Certificate/Diploma/Degree/Others _____			
Sign System	#SEE / SgSL / Gesturing / Others _____			
Speech (Yes/No)	If yes, please state Language/Dialect _____			
Onset of deafness	Year _____	Cause		
Type of Hearing Loss	<input type="checkbox"/> Mixed	<input type="checkbox"/> Conductive	<input type="checkbox"/> Sensorineural	
Left Ear	mild / moderate / severe / profound / normal	Right Ear	mild / moderate / severe / profound / normal	
Salary (per month)	<input type="checkbox"/> Less than \$200	<input type="checkbox"/> Over \$1000 to \$1500	<input type="checkbox"/> Over \$2500 to \$3000	
	<input type="checkbox"/> \$200 to \$500	<input type="checkbox"/> Over \$1500 to \$2000	<input type="checkbox"/> Over \$3000 to \$3500	
	<input type="checkbox"/> Over \$500 to \$1000	<input type="checkbox"/> Over \$2000 to \$2500	<input type="checkbox"/> Over \$3500	
Type of Housing	<input type="checkbox"/> 1 room HDB Flat	<input type="checkbox"/> 4 room HDB Flat	<input type="checkbox"/> Condominium / Private Housing	
	<input type="checkbox"/> 2 room HDB Flat	<input type="checkbox"/> 5 room HDB Flat		
	<input type="checkbox"/> 3 room HDB Flat	<input type="checkbox"/> Executive Flat		
IN CASE OF EMERGENCY				
Name of Contact Person			Relationship	
Address			Gender	Male / Female
Home Tel No.		Office No.		Handphone No.
Email			Hearing Impaired	Yes / No
DISCLAIMER:			Submission Checklist:	
- I declare that the above particulars provided by me are true and complete to the best of my knowledge.			Audiogram/Doctor's Memo	
- I consent to SAdeaf to contact me via the information provided for publicity purpose.			Photocopy of Birth Cert/NRIC	
- I hereby give my consent that the personal information which I have provided will be collected and used by SAdeaf for the administration and provision of services and schemes to me and/or data analysis, evaluation and policy formulation, in which I shall not be identified as specific individual.			Passport-size Photos (2)	
NOTE: If your Hearing Help Card (HHC) is lost or damaged, \$2.00 will be charged for a replacement.				
				_____ Signature of Client / Date
FOR OFFICIAL USE ONLY				
Received by _____	Date _____	Processed by _____	Date _____	
Checked by _____	Date _____	Client Registration No. _____		