



## CLIENT REGISTRATION / UPDATE FORM

PERSONAL PARTICULARS				Affix passport-sized photo here
Name (Mr/Ms/Mrs/Mdm/Dr)				
NRIC No.		Date of Birth		
Address				
	Postal Code (       )			
Email Address			Nationality	
Home Tel No.		Fax No.	Handphone No.	
Occupation			Gender	
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 (Signing Exact English) / SgSL (Singapore Sign Language) / 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	
Home Tel No.		Office No.	Handphone No.	
Email			Deaf or Hard-of-Hearing	
			Male / Female	
			Yes / No	
<b>DISCLAIMER:</b> - I declare that the above particulars provided by me are true and complete to the best of my knowledge. - I consent to SADeaf getting in touch with me - via the contact details I have provided – to update me on news and announcements. - I hereby give my consent for the personal information (which I have provided) to be used by SADeaf for the administration and provision of services and schemes to me. I also consent for such information to be used for data analysis, evaluation and policy formulation, in which I understand I would not be identified as a specific individual.			<b>Submission Checklist:</b>	
			Audiogram/Doctor's Memo <sup>1</sup>	
			Photocopy of Birth Cert/NRIC	
	Passport-sized Photo (1)			
<b>NOTE: If your Hearing Help Card (HHC) is lost or damaged, \$2.00 will be charged for a replacement.</b>				
			_____ <b>Signature of Client / Date</b>	
FOR OFFICIAL USE ONLY				
Received by _____	Date _____	Processed by _____	Date _____	
Checked by _____	Date _____	Client Registration No. _____		

<sup>1</sup> Requirement: Audiogram/Doctor's Memo must be within 1 year before the date of application. If not, kindly approach your audiologist for an updated audiogram. Alternatively, you may approach us to do a hearing test at \$15.