

Please tick where appropriate.

*Please circle where appropriate.

CLIENT REGISTRATION/UPDATE

PERSONAL PARTICULARS

Name	*Mr/Ms/Mrs/Mdm/Dr			Passport Photo
Nationality		Gender	*Male / Female / Others	
NRIC/ Passport No.		Date of Birth		
Handphone No.		Home Tel No.		
Email Address				
Marital Status	*Single / Married / Separated / Divorced / Widowed			
Race	*Chinese / Eurasian / Indian / Malay / Others _____			
Religion	*Buddhism / Christianity / Hinduism / Islam / Others _____			
Address		Postal Code ()	Mode of Communication	Sign Language: <input type="checkbox"/> SEE <input type="checkbox"/> Gesturing <input type="checkbox"/> SgSL <input type="checkbox"/> Others ____ <input type="checkbox"/> Speech: _____
Housing Type	Type: <input type="checkbox"/> Purchase <input type="checkbox"/> Rental <input type="checkbox"/> Lodge Accommodations: <input type="checkbox"/> Private <input type="checkbox"/> Condominium HDB Room: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Executive / Others _____		Highest Qualification	*Kindergarten / PSLE / GCE 'N' / GCE 'O' / GCE 'A' / Diploma / Degree / None / Others _____

IN CASE OF EMERGENCY

Name		Relationship	
Address	<input type="checkbox"/> Same as above <input type="checkbox"/> (If different from above, please indicate)	Gender	*Male / Female / Others
		Handphone No.	
		Home Tel No.	
Email		*Deaf / Hard-of-hearing / Hearing	

DISCLAIMER

- I declare that the above particulars provided by me are true and completed 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.

Signature of Client/ Authorised Person

Date

- I consent on behalf of the client who is under 21 years of age.
 I consent on behalf of the client who is mentally incapacitated.

Submission Checklist

- Audiogram/Doctor's Memo (1 year)
 Photocopy of Birth Certificate/NRIC
 Passport-sized Photo (1 copy)

FOR OFFICIAL USE ONLY

Processed by: _____

Date: _____

Client Registration No: _____

Client Card

- New card
 Replacement (lost/damaged)
 Old
 Lost/damaged + \$2 fee