

Part 3: New FDW Particulars (If applicable)

FDW Name (according to Work Permit)

Work Permit Number

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Part 4: New FDW Employer Particulars (If applicable)

The new FDW Employer is (please tick ✓ one):

- Patient in Part 1 (skip the following section)
- Others (please complete this section)

Name (according to NRIC)

NRIC

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Contact Number

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Email

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The Patient is your (please tick ✓ one):

- Spouse
- Parent/Parent-in-law
- Grandparent/Grandparent-in-law
- Child/Child-in-law
- Grandchild/Grandchild-in-law
- Sibling/Sibling-in-law
- Others
(Please specify: _____)

Signature/Thumbprint of New
FDW Employer in Part 4

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Part 5a: New Nominated Bank Account (If applicable)

Bank Account Number

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Name of Bank

- DBS Bank POSB UOB OCBC
- Others (please specify: _____)

The bank account belongs to (please tick ✓ one):

- Patient in Part 1
- FDW Employer (applicable for FDW Grant only)
- Nursing Home (please specify: _____)
- Others (please complete this section)

Name (according to NRIC)

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NRIC/FIN

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Contact number

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Address

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Postal Code

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Email

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The Patient is your (please tick ✓ one):

- Spouse
- Parent/Parent-in-law
- Grandparent/Grandparent-in-law
- Child/Child-in-law
- Grandchild/Grandchild-in-law
- Sibling/Sibling-in-law
- Others (please specify: _____)

I authorise AIC to deposit the payment into the above nominated bank account for the following scheme(s) that I or the Patient may be eligible for:

- PioneerDAS
- FDW Grant
- IDAPE

Note:

If you wish to nominate different bank accounts for the different schemes, please submit different Part 5a of this form for each bank account that you wish to nominate.

Compulsory Signatures/Thumbprints

Signature/Thumbprint* of Patient

Signature¹/Thumbprint of New Bank Account Holder (if different from the Patient)

*Note: For patient below 18 years old or lacks mental capacity, his/her signature is not required. Doctor's certification in Part 5b is required for patient who lacks mental capacity.

¹For nursing home, please include the authorised signatory name, designation and organisation stamp.

Part 5b: For Patient Who Lacks Mental Capacity Only

Particulars of the previous bank account holder/caregiver

Name (according to NRIC)

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NRIC

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Please tick ✓ one of the following options:

- I am the previous bank account holder and I authorise AIC to make the grant payment to the newly nominated bank account holder in Part 5a.
- I am the caregiver of the previous bank account holder who lacks mental capacity, and I authorise AIC to make the grant payment to the newly nominated bank account holder in Part 5a.

Signature¹/Thumbprint of the previous bank account holder/caregiver

¹For nursing home, please include the authorised signatory name, designation and organisation stamp.

Doctor's Certification of Mental Incapacity

Instructions:

- 1) If the Patient in Part 1 or the previous bank account holder lacks mental capacity, this portion must be completed by a fully registered doctor under Singapore Medical Council (SMC), unless a deputy has been appointed by the Court.
- 2) The doctor's certification must be made **no more than six months** before the date this form is submitted, unless the patient is certified to lack mental capacity permanently. If the doctor is not present to certify and sign this form, a separate doctor's note indicating that the patient is unable to provide consent and relevant medical reason may be attached.

I certify that the following patient lacks mental capacity and is unable to provide consent.	
Name of patient:	
NRIC:	
Lack of mental capacity is permanent:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Doctor:	
MCR No.:	
Date:	
Signature:	
Official stamp of clinic/hospital:	

Checklist

- 1) If there is a change to your address or household members, please submit the Means-Test Declaration Form and supporting documents by mail to:

MOH Holdings
Harbourfront Centre Post Office, P.O. Box 074, Singapore 910932

If you have been means-tested in the past two years and there is no change to your address, household income per person or household members, you do not need to re-submit the Means Test Declaration Form. For more information, please call MOH Holdings at 1800 275 2427.

- 2) Clear copy of documents to be submitted:

	Change of FDW	Change of FDW Employer	Change of Bank Account
Completed Change in Application Details Form with signatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Patient's NRIC (front and back)	N.A.	N.A.	<input type="checkbox"/>
Copy of Foreign Domestic Worker's (FDW) Work Permit (front and back)	<input type="checkbox"/>	<input type="checkbox"/>	N.A.
Copy of FDW's certificate of attendance issued by an AIC-approved caregiver training course for FDW Grant application	<input type="checkbox"/>	N.A.	N.A.
Copy of FDW Employer's NRIC (front and back)	N.A.	<input type="checkbox"/>	N.A.
Copy of 3 rd Party Bank Account Holder's NRIC (front and back)	N.A.	N.A.	<input type="checkbox"/>
Copy of bank book/statement indicating the Bank Account Holder name(s) and account number	N.A.	N.A.	<input type="checkbox"/>
Doctor's note indicating that the Patient or the previous bank account holder is unable to provide consent due to medical condition/or Court Order for deputy appointment	N.A.	N.A.	(If applicable) <input type="checkbox"/>

Please send the above documents to AIC by:

(a) **Email:** apply@aic.sg (Please ensure that your email size does not exceed 15 MB)

(b) **Mail-in:** 7 Maxwell Road, #04-01, MND Complex Annex B, Singapore 069111

(c) **Walk-in:** AICare Link @ Maxwell

7 Maxwell Road, #04-01, MND Complex Annex B, Singapore 069111

Mondays to Fridays: 8.30am to 5.30pm

Weekends and Public Holidays: Closed

For other AICare Link locations, please refer to

www.silverpages.sg/AICareLink

For enquiry, please call Singapore Silver Line at 1800-650-6060 (Mondays to Fridays: 8.30am to 8.30pm; Saturdays: 8.30am to 4.00pm).