

MINISTRY OF LAW  
The Public Trustee

The URA Centre East Wing, 45 Maxwell Road, #07-11, Singapore 069118  
Website: www.mlaw.gov.sg/pto Tel: 1800-2255-529 Fax: 6224-2858  
Online Enquiry: [Contact us @ OneMinLaw](#)

Form 17

For Official Use

File Ref No.:

**DECLARATION OF SERVICES RENDERED TO MINOR**

This form may take you 10 minutes to complete.

Please return the completed form to the Public Trustee's Office at the above address

**IMPORTANT:** Please complete this form carefully. You must initial against all corrections made. An incomplete or incorrectly-filled form may be rejected and you will be asked to complete a fresh form. If you are unsure about how to fill up any part of the form, please contact your case officer for guidance. The case officer will not, however, be able to fill up the form for you.

<b>A. PARTICULARS OF MINOR</b>	
Name of Minor:	NRIC/ Passport No. of Minor:
<b>B. APPLICANT'S DETAILS</b>	
I, _____, _____ <i>&lt;Name&gt;</i> <i>&lt;Insert NRIC / Passport No&gt;</i>	
of _____ <i>&lt;Insert Address Line 1&gt;</i>	
_____ <i>&lt;Insert Address Line 2&gt;</i>	
do solemnly and sincerely declare that I have rendered the following services to the Minor:	
_____ for the period _____ <i>&lt;Type of Service Rendered to Minor&gt;</i> <i>&lt;Period of Service&gt;</i>	
The total fees for my services is _____ <i>&lt;Total Amount of Fees&gt;</i>	
<b>C. DECLARATION</b>	
I declare that the above information is true and correct. I understand that I may be prosecuted for criminal offences if I have stated anything in this form which is false or misleading or omitted to state anything that makes the information provided in this form false or misleading. I hereby undertake to fully indemnify the Public Trustee and the Government of the Republic of Singapore against all damages (including costs and expenses) suffered by the Public Trustee or the Government arising from or in relation to any payment made to me or any other person by the Public Trustee or his officers in the discharge of their duties, in reliance on any of the information provided by me.	
<b>D. SIGNATURE</b>	
_____ Signature	_____ Name
_____ Date	_____ Contact No.