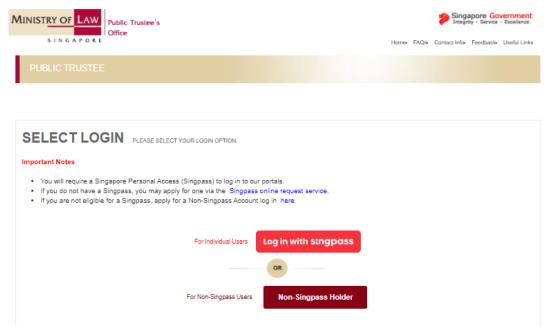


Step 2: Select the login type and log in accordingly.



*Step 3: Enter a valid file reference number or select the deceased's ID Type and enter the ID Number. Click on the "Next" button.* 

INISTRY OF LAW Public Trustee Office	's	Home • FAQs • Contact Info	<ul> <li>Feedback • Useful Links • Sitemap • Log</li> </ul>
<b>Step 1</b> Create / Edit Case Details	Step 2 Enter Case Details	Step 3 Confirm Submission	Step 4 Transaction completion
APPLICATION FOR MAINTENANCE ALLOWAN	ICE		
Guidelines For Completion			
1. Please note it is an offence to give false or misle	ading information.		
<ol> <li>Scan all the required Documents before you pro         <ul> <li>Identity card of applicant</li> <li>Identity card of person maintaining the child it</li> <li>Front page of the bank passbook in joint nam</li> <li>Receipt to support claims for maintenance</li> <li>Any other documents to support application for</li> </ul> </li> </ol>	he/she is not maintained by applicant e of the applicant and child for GIRO payment of m	aintenance	TOP
Please note that under the Women's Charter, it is the the parents or legal guardians of the minor beneficia The Public Trustee in determining the amount o 1. the income, property and other financial resourc 2. the financial needs, obligations and responsibilit 3. the financial needs and the age of the child 4. the manner in which the child was being and exp For more information, please read our information s	ry are facing financial difficulties in maintaining the f maintenance for the child will consider: es of the parents or guardians ies of the parents or guardians oected to be educated or trained		
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the parents or legal guardians of the minor beneficia The Public Trustee in determining the amount o 1. the income, property and other financial resourc 2. the financial needs, obligations and responsibilit 3. the financial needs and the age of the child 4. the manner in which the child was being and ex For more information, please read our information s Particulars of Deceased Note: Please enter File Reference Number of File Reference No. OR ID Type/ ID Number	In are facing financial difficulties in maintaining the estimate of the parents or guardians bected to be educated or trained heet which is available at www.mlaw.gov.sg/pto ID Type & ID Number Please Select  Select ID Type Reset Next	child, they may apply to the Public Trustee for mont	hly maintenance and education of the <i>child</i> .
the parents or legal guardians of the minor beneficia The Public Trustee in determining the amount o 1. the income, property and other financial resourc 2. the financial needs, obligations and responsibilit 3. the financial needs and the age of the child 4. the manner in which the child was being and ex For more information, please read our information s Particulars of Deceased Note: Please enter File Reference Number of File Reference No. OR ID Type/ ID Number	In are facing financial difficulties in maintaining the f maintenance for the child will consider: es of the parents or guardians beected to be educated or trained heet which is available at <u>www.mlaw.gov.sg/pto</u> ID Type & ID Number Please Select Select ID Type Select ID Type Neset	child, they may apply to the Public Trustee for mont	hly maintenance and education of the <i>child</i> .

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This site is best viewed using Internet Explorer 9 & above.

Step 5: Enter the particulars of child and applicant. Click on the "Next" button.

*Note: For Address, the applicant is required to enter either the Local Address or Foreign Address.* 

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PUBLIC TRUSTEE	
Step 1         Step 2           Create / Edit Case Details         Enter Case Details	
APPLICATION FOR MAINTENANCE ALLOWANCE	
Fields marked with * are mandatory. Particulars of Child	
Name (as in Birth Certificate/NRIC No.)*	
Any other name(s)	
Education Level*	
Residential Address of Child (Please enter either Local Address or	Foreign Address)
Please inform PT if there are any changes to your correspondence addres	ss. All Letters will only be sent to the correspondence address provided.
Postal Code	P Retrieve
Blk/House No.	
Level-Unit No.	# -
Street Name	
Building Name	
OR	
Foreign Address	
Correspondence Address of Child (if different from Residential Add	dress) (Please enter either Local Address or Foreign Address)
Please inform PT if there are any changes to your correspondence addre Local Address	ss. All Letters will only be sent to the correspondence address provided.
Postal Code	P Retrieve
Blk/House No.	Auto-retrieved by system
Level-Unit No.	# _
Street Name	Auto-retrieved by system
Building Name	Auto-retrieved by system
OR Foreign Address	
Particulars of Applicant	
Name*	
Any other name(s)	
NRIC No.*	Retrieve Myjnfo Clear Form
Relationship to Child*	
	If Guardian, please specify relationship: (E.g Uncle)
Occupation	
Income \$\$	
Contact No.*	Handphone No.
Email Address*	

Letters will only be sent to the correspondence address provided.  P Retrieve  ress) (Please enter either Local Address or Foreign Address) Letters will only be sent to the correspondence address provided.  P Retrieve  to-retrieved by system  to-retrieved by system  to-retrieved by system
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🔾 Yes 🖲 No
per month

4

## Step 6: Enter the claim details and upload supporting documents. Select the checkbox "Yes, I agree" after reading the declaration and click on the "Next" button.

					Info • Feedback • Usefu	. Enno Sitemap
c	Step 1 Greate / Edit Case Details E	Step 2 inter Case Details	Step 3 Confirm Submiss	ion		Step 4
PLICAT	ION FOR MAINTENANCE ALLOWANCE					
	ed with * are mandatory. lars of Claim for Maintenance					
	Purpose	Actual Amou	int Spent (S\$)		Amount Requested F	or (\$\$)
A) Schoo	ol Fees					
3) Trans	port					
C) Daily /	Allowance					
) Misce	llaneous (Please Specify)					
C/M-	De sum ent Ture e	"JPG,PNG or GIF format befor		-4	Ella Nama	Action
S/No.	Document Type Front page of passbook or top portion of bank		Upload Documer	nt	File Name	Action
		account statement	Upload Docume	nt	File Name	
1	Front page of passbook or top portion of bank	account statement d Indemnity by Beneficiary	Upload Documer	nt	File Name	Telete
1 2	Front page of passbook or top portion of bank Form 15A-Letter of Authorization Discharge an	account statement d Indemnity by Beneficiary y by Joint Account Holder	Upload Documen + Upload  + Upload	nt	File Name	
1 2 3	Front page of passbook or top portion of bank Form 15A-Letter of Authorization Discharge an Form 15B-Letter of Authorization and Indemnit Form 15C-Letter of Authorization and Indemnit	account statement d Indemnity by Beneficiary y by Joint Account Holder	Upload Document + Upload + Upload + Upload	nt	File Name	
1 2 3 4	Front page of passbook or top portion of bank Form 15A-Letter of Authorization Discharge an Form 15B-Letter of Authorization and Indemnit Form 15C-Letter of Authorization and Indemnit Holder	account statement d Indemnity by Beneficiary y by Joint Account Holder y by Third Party Account	Upload Documen + Upload + Upload + Upload + Upload	nt	File Name	
1 2 3 4 5	Front page of passbook or top portion of bank Form 15A-Letter of Authorization Discharge an Form 15B-Letter of Authorization and Indemnit Form 15C-Letter of Authorization and Indemnit Holder Identity Card of Applicant	account statement d Indemnity by Beneficiary y by Joint Account Holder y by Third Party Account	Upload Document + Upload + Upload + Upload + Upload + Upload	nt	File Name	
1 2 3 4 5 6 7 7	Front page of passbook or top portion of bank Form 15A-Letter of Authorization Discharge an Form 15B-Letter of Authorization and Indemnit Form 15C-Letter of Authorization and Indemnit Holder Identity Card of Applicant Any other documents to support application for	account statement d Indemnity by Beneficiary y by Joint Account Holder y by Third Party Account r maintenance mation I have given in this ap ts held in trust for the child o	Upload Documen Upload  Upload  Uploa	est of my know support the chi	ledge and belief. I unde Id out of my own incon	Image: Second system         Image: Second system
1 2 3 4 5 6 7 7	Front page of passbook or top portion of bank Form 15A-Letter of Authorization Discharge an Form 15B-Letter of Authorization and Indemnit Holder Identity Card of Applicant Any other documents to support application fo Receipts to support claims for maintenance	account statement d Indemnity by Beneficiary y by Joint Account Holder y by Third Party Account r maintenance mation I have given in this ap ts held in trust for the child o	Upload Document + Upload + Upload	est of my know support the chi	ledge and belief. I unde Id out of my own incon	Image: Second system         Image: Second system

## Step 7: Verify that the information entered are correct. Click on the "Submit" button.

Step 1 Create / Edit Case Details	Step 2 Enter Case Details	Step 3 Confirm Submission	Step 4 Transaction completion
APPLICATION FOR MAINTENANCE ALLO	NANCE		
Particulars of Deceased			
File Reference No.			
Name			
Particulars of Child			
Name (as in Birth Certificate/NRIC No.)			
Any other name(s)		· · · ·	
NRIC/ Passport No.			
Education Level			
Residential Address of Child			
	vour correspondence address. All Letters will o	nly be sent to the correspondence address provide	4
Local Address	your correspondence address. All Letters will of	ny be sent to the correspondence address provide	u.
Postal Code			
Blk/House No.			
Level-Unit No.			
Street Name			
Building Name			
OR			
Foreign Address			
Correspondence Address of Child			
	your correspondence address. All Letters will or	nly be sent to the correspondence address provide	d.
Local Address	,	.,	-
Postal Code			
Blk/House No.			
Level-Unit No.			
Street Name			
Building Name			
OR			т
Foreign Address			
Particulars of Applicant			
Name			
Any other name(s)			
NRIC No.			
Relationship to Child			
Occupation	If Guardian, plea	se specify relationship:	
Income \$\$			
Contact No.			
Email Address			
Residential Address of Applicant			
	your correspondence address. All Letters will or	nly be sent to the correspondence address provide	d.
Local Address			
Postal Code			
Blk/House No.			
Level-Unit No.			
Street Name			
Building Name OR			
Foreign Address			
Correspondence Address of Applicant			
	your correspondence address. All Letters will or	nly be sent to the correspondence address provide	d.
Local Address			
Postal Code			
Blk/House No.			
Level-Unit No.			

Corres	spondence Address of Applicant			
	inform PT if there are any changes to your correspon	dence address. All Letters will	only be sent to the correspond	ence address provided.
	lddress			
	Postal Code			
	Blk/House No.			
	Level-Unit No.			
	Street Name			
	Building Name			
OR				
oreign	Address			
Additi	onal Information			
ls child	living with you and maintained by you?			
Finan	cial Aid			
Ministry	ou received or are you receiving any financial aid fror y of Social and Family Development or any payment f rinsurance?			
Amoun	t S\$			
Partic	ulars of Claim for Maintenance			
	Purpose	Actual Amo	ount Spent (S\$)	Amount Requested For (\$\$)
A) Sch	ool Fees			
B) Tran	isport			
C) Daily	y Allowance			
D) Misc	cellaneous (Please Specify)			
Total				
Cuba	ission of Documents			
S/No.	Document Type		View	
1	Identity Card of Applicant			
2	Any other documents to support application for ma	intenance		
3	Receipts to support claims for maintenance			

## Step 8: The acknowledgement for the submission will be shown as below.

Important: Please save the acknowledgement page for future reference. To submit bank account details, click on the "Submit Bank Detail" button. Please note that you are required to attach the respective bank documents and form (if applicable). You may refer to our guide on submission of bank account details on the steps to the eService.

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Step 1 Create / Edit Case Details	Step 2 Enter Case De	tails	Step 3 Confirm Submission	Step 4 Transaction completion
PLICATION FOR MAINTENAN	CE ALLOWANCE			
ank you for using our eService. ease print or save this page for y	your own reference. You will not be able	to access this page after exiting the	e webpage. SAVE	
ur Application for Maintenance Allo	owance for Child that the Public Trustee hold	I in Trust has been completed.		
e Public Trustee is now process	ing your application and will revert within	2 weeks.		
payment will be by electronic u to process the payment, ple Submit Bank Detail ur E-Filing No.	c fund transfer, we require a <u>copy of y</u> ase click	our Bank Statement (top portion	stating your name and account nu	<u>nber) or Pass Book (front page)</u> from
te/ Time of Submission				
Particulars of Deceased				
ile Reference No.				
Name				
Particulars of Child				
Name (as in Birth Certificate/NR	(IC No.)			
Any other name(s)				
NRIC/ Passport No.				
Education Level				
Residential Address of Child				
	y changes to your correspondence addre	es. All Latters will only be sent to t	he correspondence address provided	
Local Address	y changes to your correspondence addre	ss. An Letters win only be sent to u	le correspondence address provided.	
Postal Code				
Blk/House No.				
Level-Unit No.				
Street Name				
Building Name OR				
Foreign Address				
-				
Correspondence Address of				
Please inform PT if there are an Local Address	y changes to your correspondence addre	ss. All Letters will only be sent to th	he correspondence address provided.	
Postal Code				
Blk/House No.				
Level-Unit No.				
Street Name				
Building Name				
OR				
Foreign Address				
Particulars of Applicant				
Name				
Any other name(s)				
NRIC No.				
Relationship to Child				
		If Guardian, please specify rela	itionship:	
Occupation				
Income CC				
Income S\$ Contact No.		HANDPHONE NO.		

	ential Address of Applicant				Т
	inform PT if there are any changes to your correspondence	e address. All Letters will o	only be sent to the correspondence	idence address provided.	
	ddress Postal Code				
	Blk/House No.				
	Level-Unit No.				
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	Building Name				
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ocal A	ddress				
	Postal Code				
	Blk/House No.				
	Level-Unit No.				
	Street Name				
	Building Name				
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child	living with you and maintained by you?				
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lave yo linistry und or lmoun	ou received or are you receiving any financial aid from the of Social and Family Development or any payment from a insurance? t S\$		ount Spent (S\$)	Amount Reques	ted For (S\$)
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