



**NOTIFICATION OF CHANGE IN RESPONSIBLE PERSON (RP)¹ OF
SPECIAL DEVELOPMENT (SD) AND SPECIAL INFRASTRUCTURE (SI)
UNDER THE INFRASTRUCTURE PROTECTION ACT 2017 (IPA)**

Instructions to Note:

1. For a transfer of the whole ownership of the SD/SI (where the RP(s) is/are the owner(s)), the original RP (i.e. the RP immediately before the effective date of the change) will need to fill in this form.
2. For a partial sale/partial acquisition of ownership in the SD/SI (where the RP(s) is/are the owner(s)), the RP(s) (i.e. any party with an ownership in the SD/SI) on the effective date will need to fill in this form.
3. For a change in occupation of the SI (where the RP(s) is/are the occupier(s)), the original RP (i.e. the RP immediately before the effective date of the change) will need to fill in this form.

DETAILS OF THE SD/SI	
Name of SD/SI:	
Address of SD/SI:	
Name of Original Responsible Person(s) (RP) ² : *Please spell in full.	Unique Entity Number (UEN) of the RP(s) (if applicable):
DETAILS OF RESPONSIBLE PERSON(S) ON THE EFFECTIVE DATE	
Name(s) of RP(s):	Name and Designation of Point-of-Contact(s) (if RP(s) is/are entities/agencies): Email Address: Mailing Address:

¹ A change in the Responsible Person (RP) of any SD/SI includes any transfer of partial or whole ownership (where the RP is the owner) or change in the occupation of a SI (where the RP is the occupier).

² Legal name of the entity/agency (where applicable) who is the owner/occupier of the SD/SI.

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ONLY WHEN FILLED

Please send completed form to SPF_CPS_IPA@spf.gov.sg for further action



Effective Date:	UEN of New RP(s)(if applicable):		
<u>For change in whole ownership:</u> *For more than one co-RP, please fill and sign Annex A. _____ Name of original RP _____ Company Stamp and Signature of original RP (if applicable) Date:		 _____ Name of original co-RP (if applicable) _____ Company Stamp and Signature of original co-RP (if applicable) Date:	
<u>For any other case:</u> *For more than one co-RP, please fill and sign Annex A. _____ Name of RP on effective date		 _____ Name of co-RP on effective date (if applicable)	

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**SINGAPORE
POLICE FORCE**
SAFEGUARDING EVERY DAY

Company Stamp and Signature of RP on
effective date (if applicable)

Date:

Company Stamp and Signature of co-RP on
effective date (if applicable)

Date:

For Official Use

Notification form and Declaration are in good order: Y/N

Form received by: (name of officer), (designation)

Date of Receipt:

ANNEX A – To fill and sign if there are more than 2 co-RPs

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For change in whole ownership:

Name of original co-RP

Name of original co-RP

Company Stamp and Signature of original co-RP

Company Stamp and Signature of original co-RP

Date:

Date:

Name of original co-RP

Name of original co-RP

Company Stamp and Signature of original co-RP

Company Stamp and Signature of original co-RP

Date:

Date:

For any other case:

Name of co-RP on effective date

Name of co-RP on effective date

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effective date

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