IMPORTANT NOTES

- For <u>Class 1</u> Driver with Mobility Impairment label holder, please complete Section <u>A, C and D</u>.
- For <u>Class 2</u> Passenger with Mobility Impairment label holder, please complete Section <u>B, C and D</u>.
- Complete this label replacement form and email to carparklabels@sgenable.sg
- For existing label holders who wish to **update their In-Vehicle Unit / On-Board Unit Number only** (no change of vehicle number), please email your request to carparklabels@sgenable.sg. Please note that no new label will be issued.

A. CLASS 1 - DRIVER WITH MOBILITY IMPAIRMENT'S PARTICULARS *Blue label starts with C1-XX-XX-XXXX*	**B. CLASS 2 - PASSENGER WITH MOBILITY IMPAIRMENT'S PARTICULARS** *Orange label starts with C2-XX-XX-XXXX*
Name: _____	Name: _____
Identification Number: _____	Identification Number: _____
Contact Number: _____	Contact Number: _____
Email: _____	Email: _____
Vehicle Number: ☐☐☐☐☐☐☐	Vehicle Number 1: ☐☐☐☐☐☐☐☐
	Vehicle Number 2: ☐☐☐☐☐☐☐☐

C. REASON FOR REPLACEMENT

I would like to request for a new label because:

☐ The previous label is defective.   ☐ I have lost/misplaced the previous label.

☐ I did not receive the previous label.   ☐ Others (Please specify):

_____

D. DECLARATION

1. I declare that the information provided above to be true and correct.
2. I am aware that the new label (if issued to me), takes precedence over the previous label.
3. I understand that I am to return the previous label to SG Enable prior to receiving the new label.
4. SG Enable reserves the right to notify the outcome of this application to the applicant and listed drivers.

_____   _____   _____
Name of Requestor   Signature of Requestor   Date